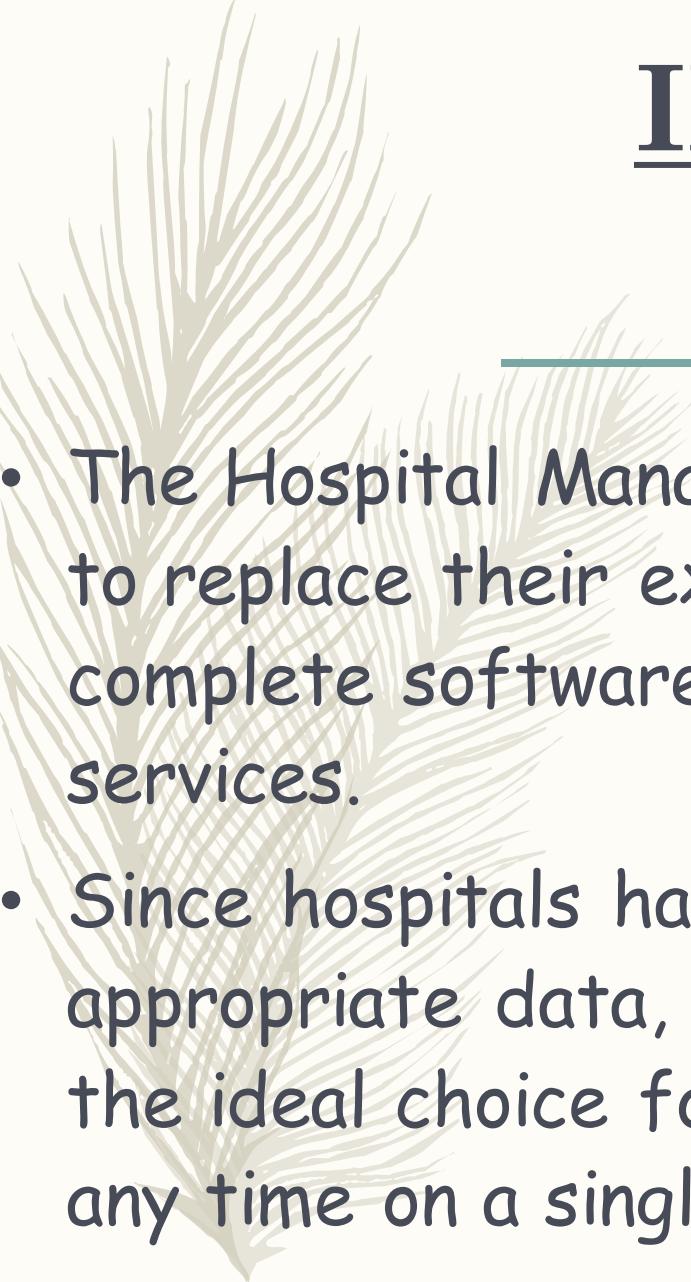


HOSPITAL MANAGEMENT SYSTEM



SYCS : 636-649

- 1. ASHREEN GULZAR KHAN (038)**
- 2. RAINA RIZWANULLAH KHAN (039)**
- 3. NITIN SAYALU KURVA ()**
- 4. SEN SABU (046)**
- 5. KEVIN TREVOR MENEZES (050)**
- 6. SHAIKH MOHAMMED ADILALLABAX (051)**
- 7. MOHAMMED ANEES MOHAMMED ASHRAF ANEES (052)**
- 8. HRITHIK SAWANT (112)**



INTRODUCTION

- The Hospital Management System is designed for any hospital to replace their existing manual, paper based system with a complete software based automated solution for hospital services.
- Since hospitals have to deal with a lot of precise and appropriate data, the Hospital Management System software is the ideal choice for various services which can be accessed at any time on a single platform.

STAKEHOLDERS(19)

--They are the ones who will use the software--

- Doctors
- Nurses
- Clerical Staff
- Patients
- Catering Staff
- Surgeons
- Pharmacists
- Ambulance Staff
- Maintenance Staff
- Medicine and Equipment Dealers
- Pathology Staff
- Management Staff
- Receptionist Staff
- Security Staff
- Insurance Staff
- Board of Trustees
- Medical College Staff
- Finance Staff
- Hospital Library Staff

UNIQUE FEATURES

1. Unique patient ID for tracking visits (QR CODE) (Rs.10,000 est.)
2. Android and iOS application software and also website based software (Rs.10,000 est.)
3. Smart band for continuous monitoring of patients (Rs.50,000 est.)
4. GPS system keeps track of Ambulance in emergency (Rs.2,00,000 est.)
5. Face recognition for attendance of Doctors,Nurses and other members of hospital (Rs.1,00,000)
6. Scalability with modules
7. IOT sensors to detect patients presence in the rooms

NUMBER OF EXTERNAL INPUTS (Input screens and tables) : **81**

NUMBER OF EXTERNAL OUTPUTS (Output screens and reports) : **36**

NUMBER OF INTERNAL LOGICAL FILES (Databases and Directories) : **127**

NUMBER OF EXTERNAL INQUIRIES (Prompts and Interrupts) : **10**

NUMBER OF EXTERNAL INTERFACE FILES (Shared Databases and Shared Routines) : **7**
(previous database ,link with other hospitals ,medicine dealers ,equipment dealers, insurance company ,maintenance/repair department, other blood banks,)

FUNCTION POINT ANALYSIS

-- It measures functionality from the users point of view --

	SIMPLE	AVERAGE	COMPLEX
1) EXTERNAL INPUTS	4	6	9
2) EXTERNAL OUTPUTS	5	7	10
3) INTERNAL LOGICAL FILES	7	12	18
4) EXTERNAL INQUIRIES	4	6	8
5) EXTERNAL INTERFACE FILES	5	8	10

EXTERNAL INPUTS :

20 Simple	\times	4	=	80
30 Average	\times	6	=	180
31 Complex	\times	9	=	279

EXTERNAL OUTPUTS :

5 Simple	\times	5	=	25
15 Average	\times	7	=	105
16 Complex	\times	10	=	160

INTERNAL FILES :

30 Simple	\times	7	=	210
40 Average	\times	12	=	480
57 Complex	\times	18	=	1026

EXTERNAL INQUIRIES :

10 Average	\times	6	=	60
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EXTERNAL INTERFACE :

7 Complex	\times	10	=	70
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UNADJUSTED FUNCTION POINTS : 2675

COMPLEXITY ADJUSTMENT FACTOR = $0.65 + (56 \times 0.01) = 1.21$

ADJUSTMENT CALCULATION:

ADJUSTED FP = UNADJUSTED FP \times COMPLEXITY ADJUSTMENT FACTOR

$$= 2675 \times 1.21$$

= 3,236.75 ADJUSTED FUNCTION POINTS

TIME : WE NEED TO COMPLETE 462 FUNCTION POINTS PER MONTH, FOR THE PROJECT TO GET COMPLETED IN 7 MONTHS(approx)

COST PER MONTH : Rs. 4,16,000

• SALARY COST = COST PER DAY * NO. OF DAYS PER MONTH * NO. OF PEOPLE * NO. OF MONTHS
= 2000 * 26 * 8 * 7
= Rs. 29,12,000

- | | | |
|-----|--|------------------|
| 1) | "reliable backup and recovery required?",(5) | 0 - No influence |
| 2) | "data communication required?",(4) | 1 - Incidental |
| 3) | "are there distributed processing functions?",(4) | 2 - Moderate |
| 4) | "is performance critical?",(5) | 3 - Average |
| 5) | "will the system run in an existing heavily utilized operational environment?",(5) | 4 - Significant |
| 6) | "on line data entry required?",(4) | 5 - Essential |
| 7) | "does the on line data entry require the input transaction to be built over multiple screens or operations?",(5) | |
| 8) | "are the master files updated on line?",(4) | |
| 9) | "is the inputs, outputs, files or inquiries complex?",(4) | |
| 10) | "is the internal processing complex?",(4) | |
| 11) | "is the code designed to be reusable?",(4) | |
| 12) | "are the conversion and installation included in the design?",(4) | |
| 13) | "is the system designed for multiple installations in different organizations?",(0) | |
| 14) | "is the application designed to facilitate change and ease of use by the user?"(4) | |

TIME

TOTAL TIME = ESTIMATED OVERALL SOFTWARE COMPLETION TIME +
ESTIMATED EXTRA TIME DUE TO DIFFICULTIES AND PROBLEMS
FACED
= 1198 + 1198*0.25
= 1498 hours

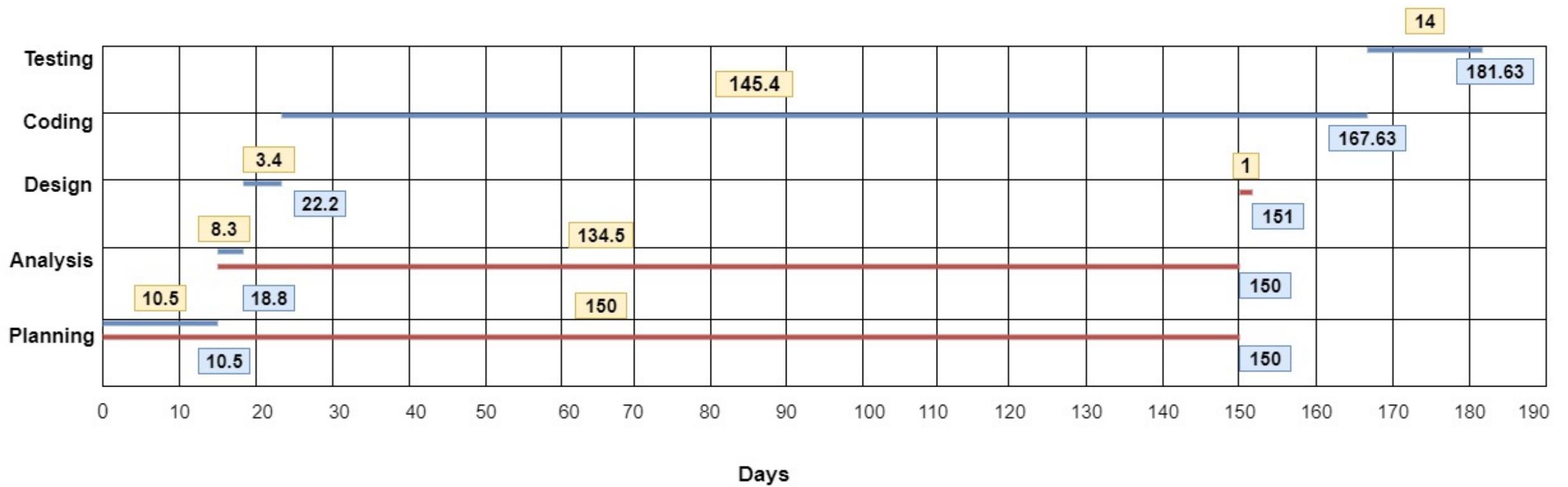
[Working on an average 7hrs per day = 214 days (7 months approx.)]

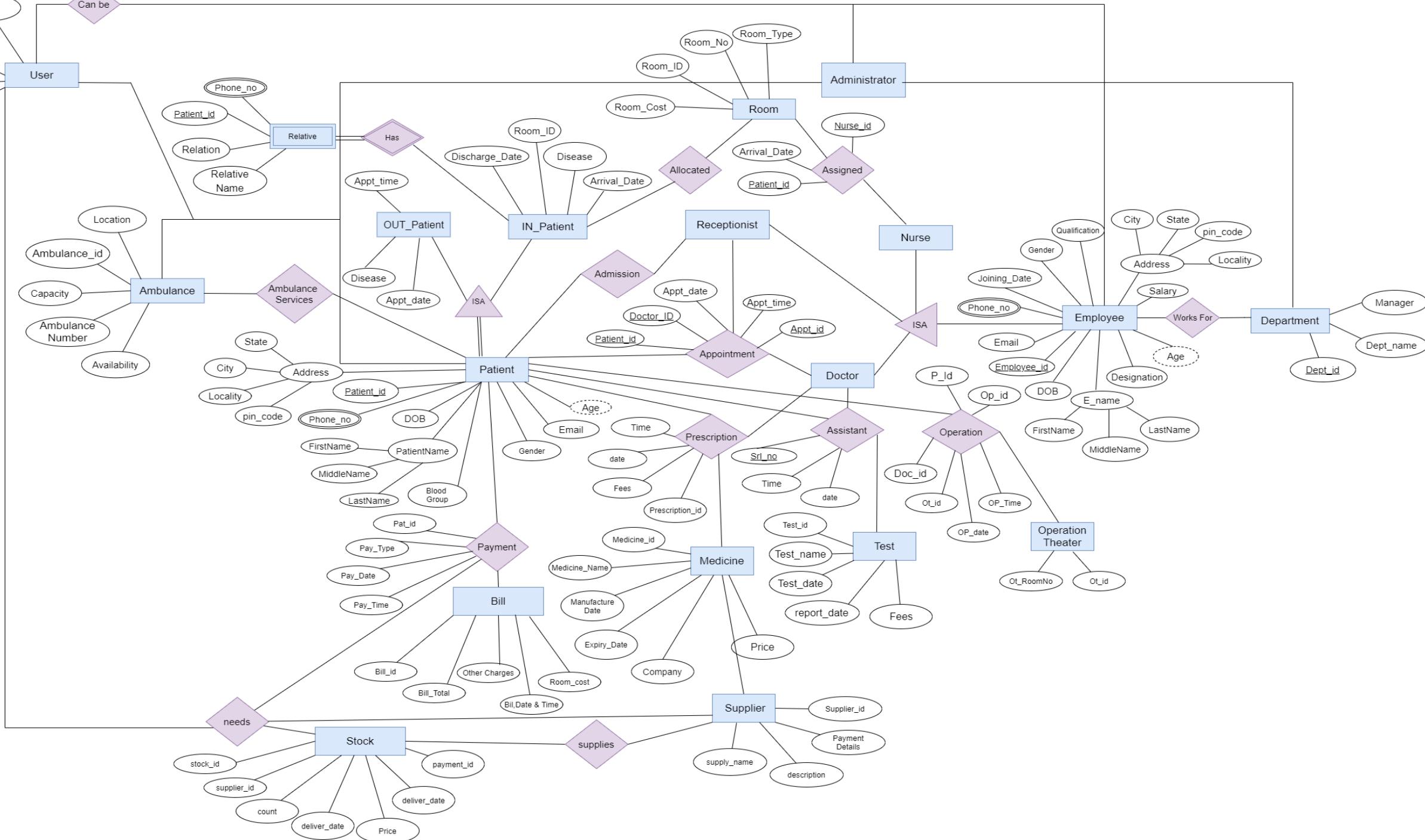
COST

- **SALARY COST** = COST PER DAY * NO. OF DAYS PER MONTH * NO. OF PEOPLE * NO. OF MONTHS
= $2000 * 26 * 8 * 7$
= Rs. 29,12,000
- **COST OF CLOUD STORAGE** = COST PER MONTH(2TB) * NO. OF MONTHS * STAKEHOLDERS
= $650 * 7 * 19 = \underline{\text{Rs. } 86,450}$
- **COST OF EXTRA PHYSICAL RESOURCES AND SOFTWARES** = Rs. 4,17,500
- **COST OF ADDED UNIQUE FEATURES** = Rs. 3,70,000
- **TOTAL COST** = Rs 37,85,950 (with unique features)
= Rs 34,15,950 (without unique features)

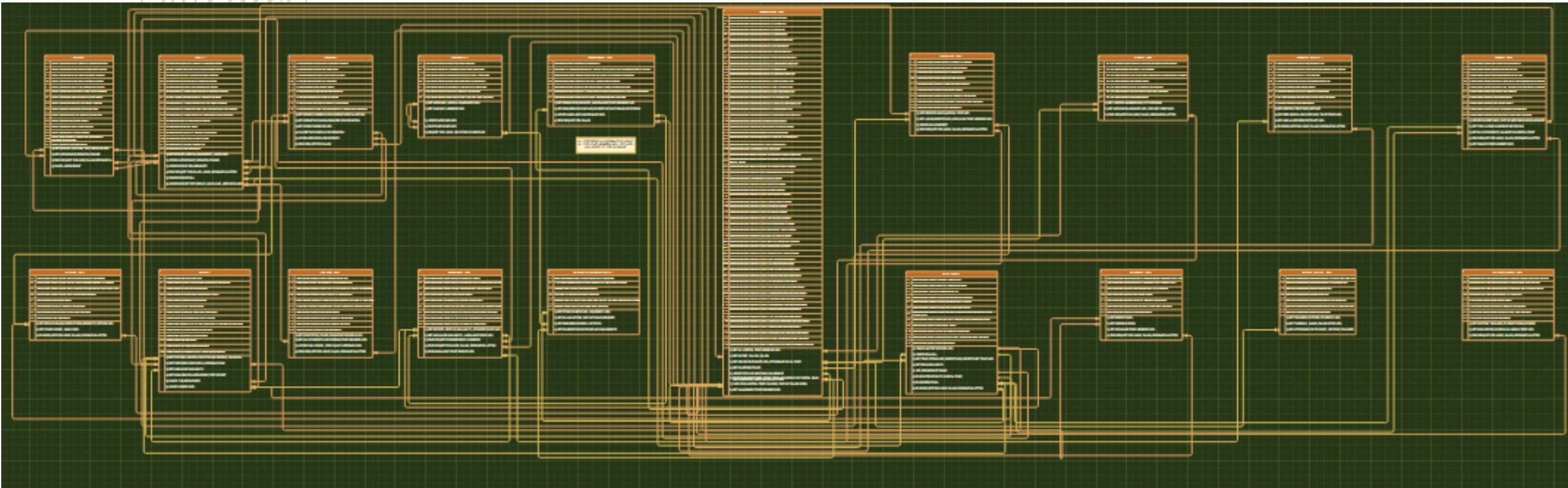
Generalized Activity Normalization Time Table (GANTT) Chart

- Planned Actual
- Total no of days for specific task completion
- Total no of days from start day to complete specific task





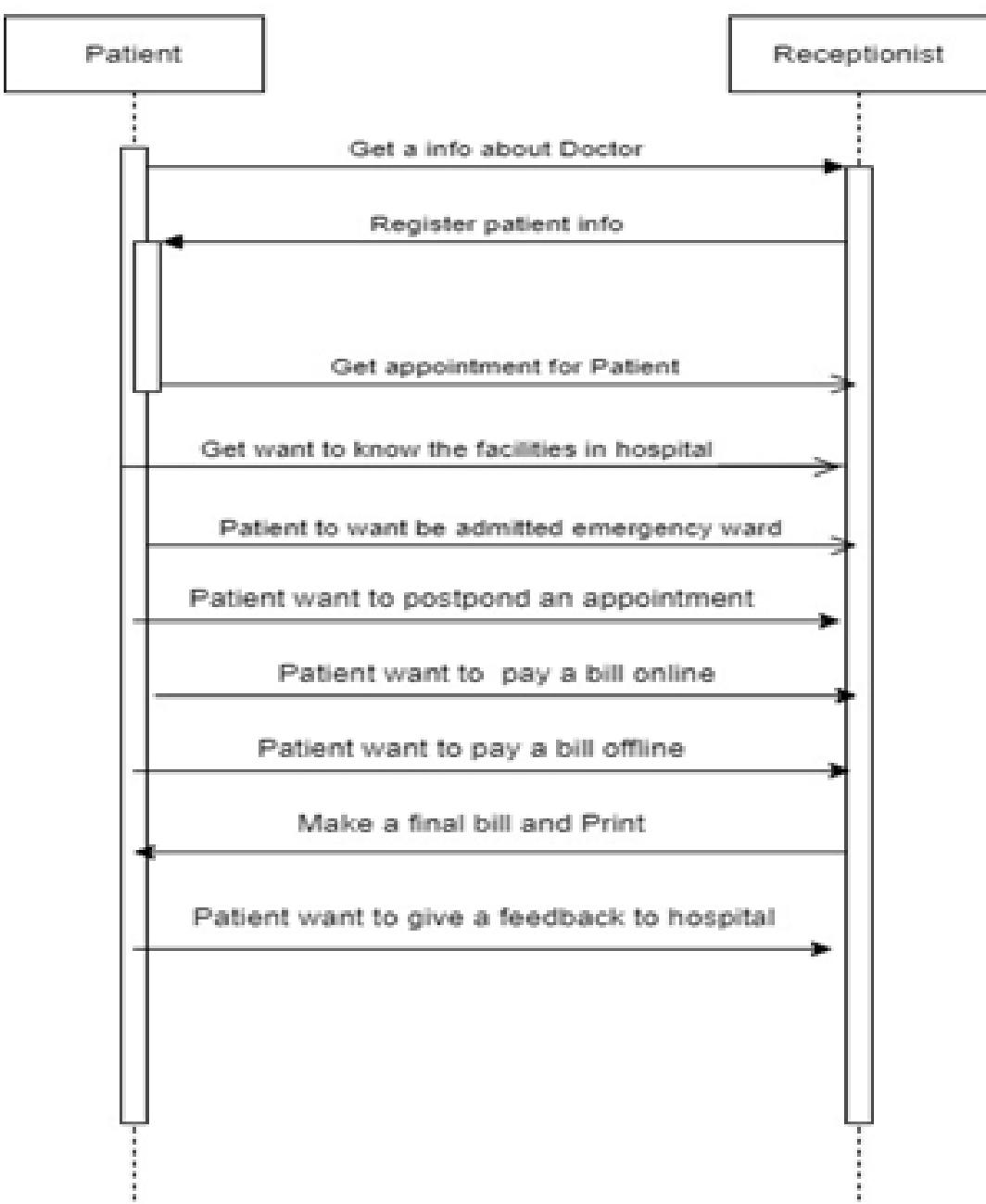
ER DIAGRAM



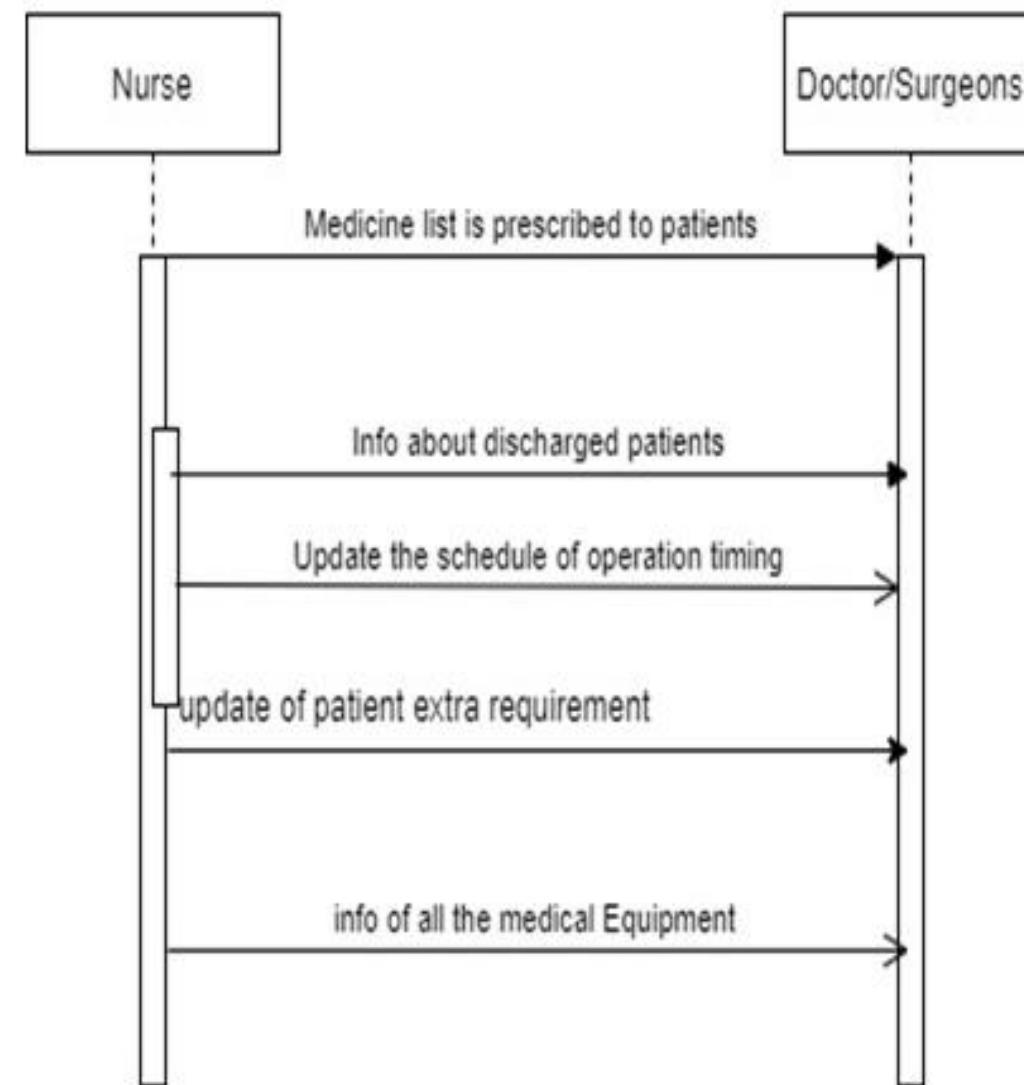
PRESS Ctrl AND CLICK - [CLICK TO GO TO MAIN ER DIAGRAM SITE](#)

SEQUENCE DIAGRAM

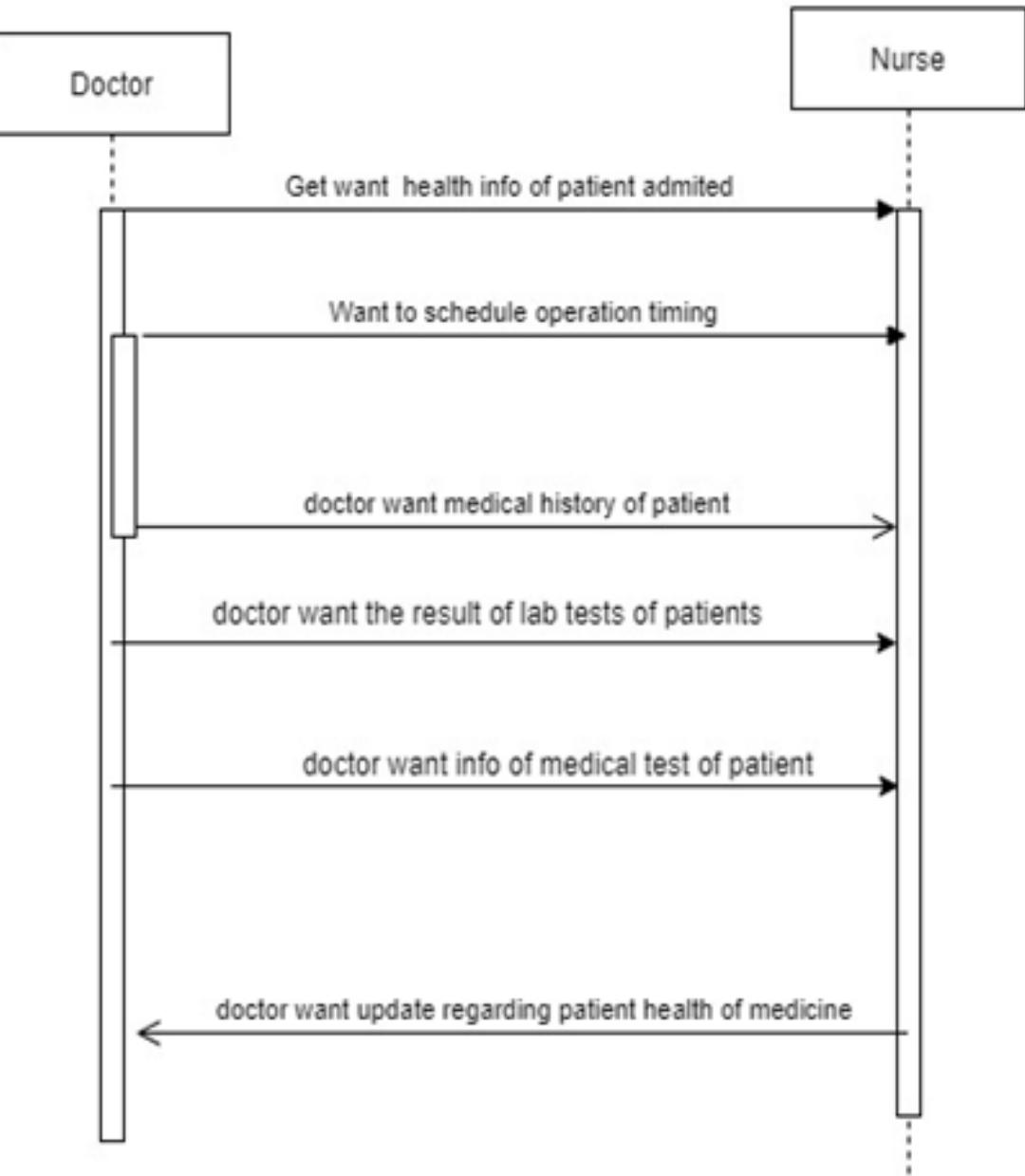
Patient Sequence Diagram



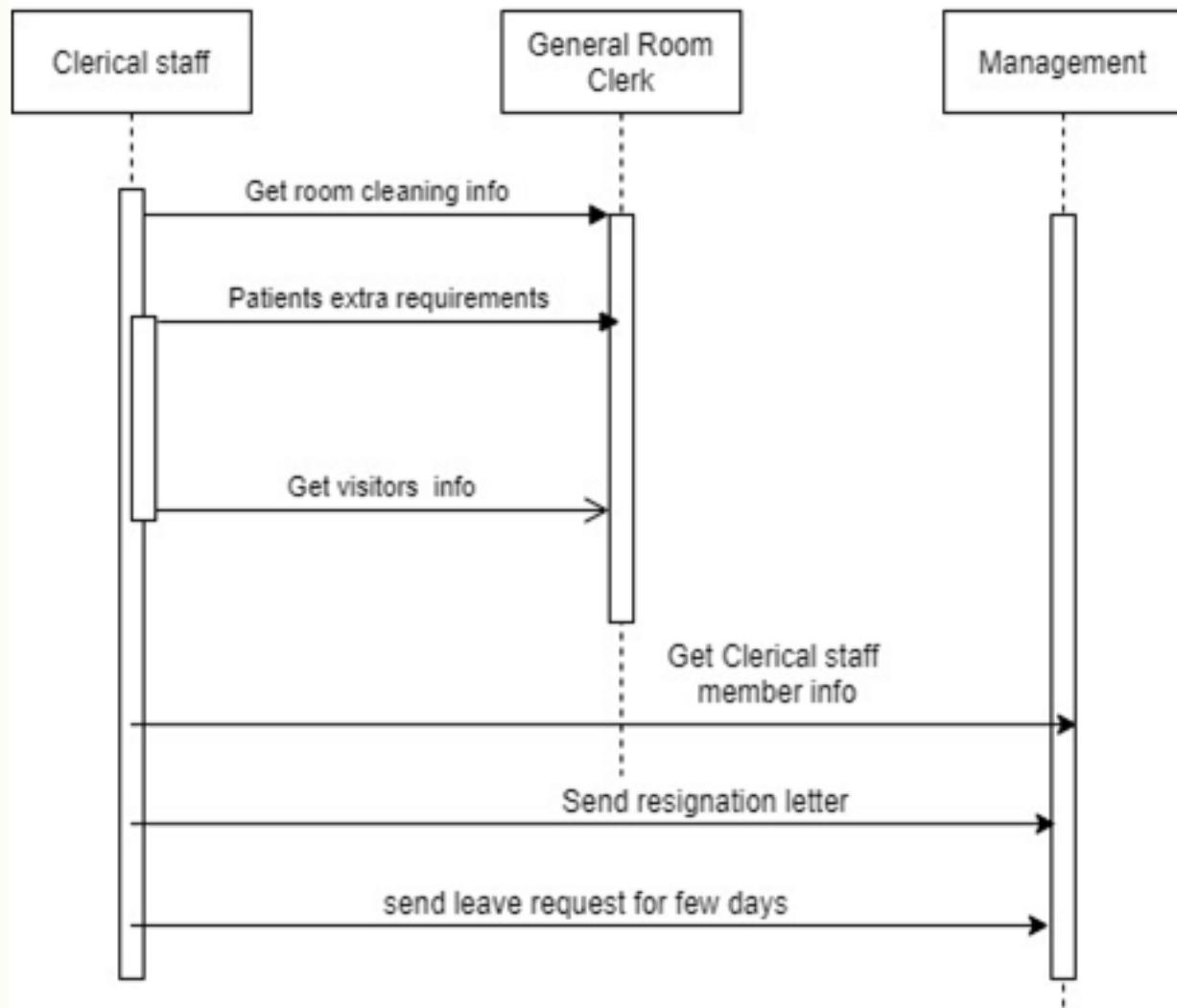
Nurse Sequence Diagram



Doctor Sequence Diagram

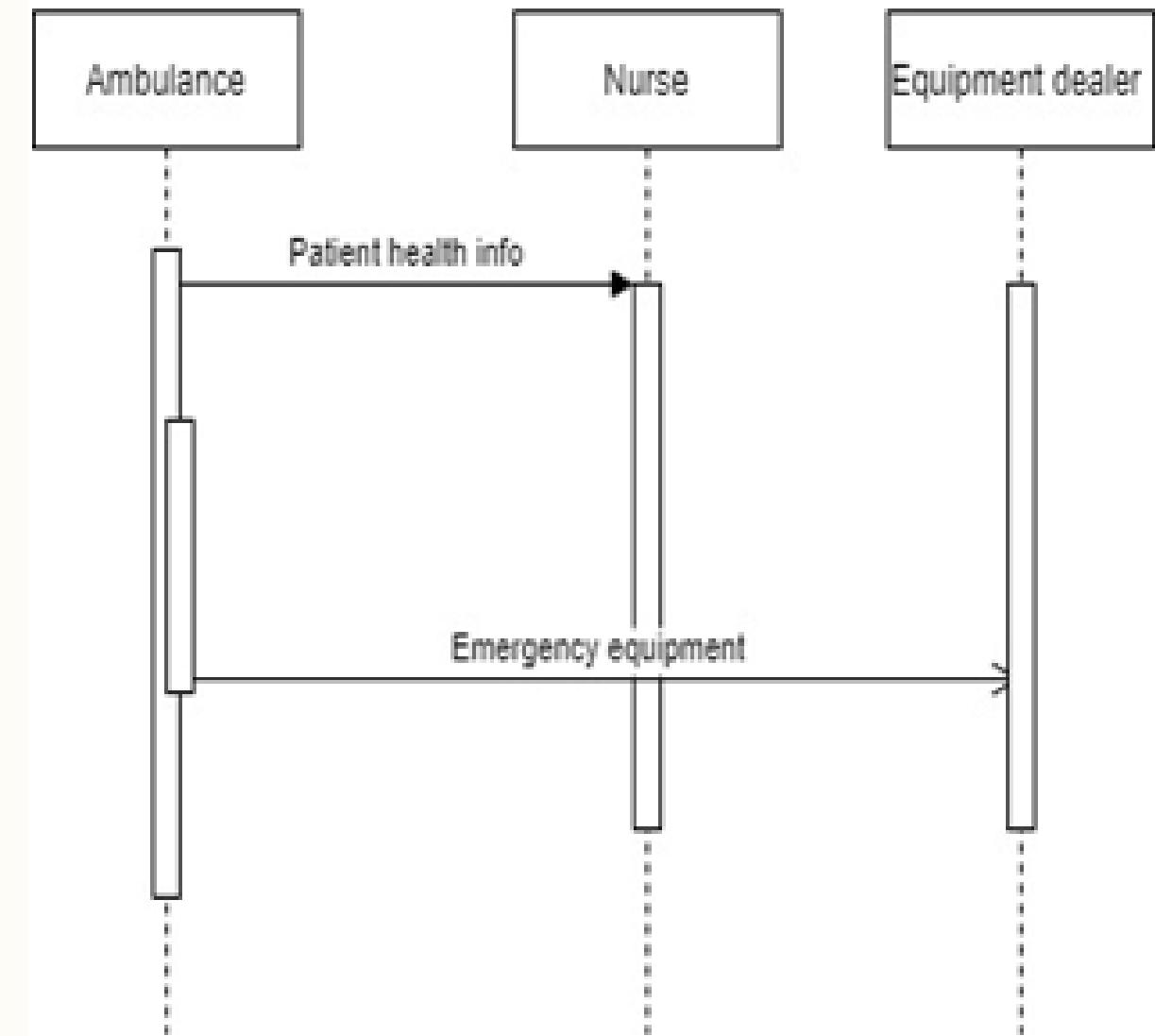
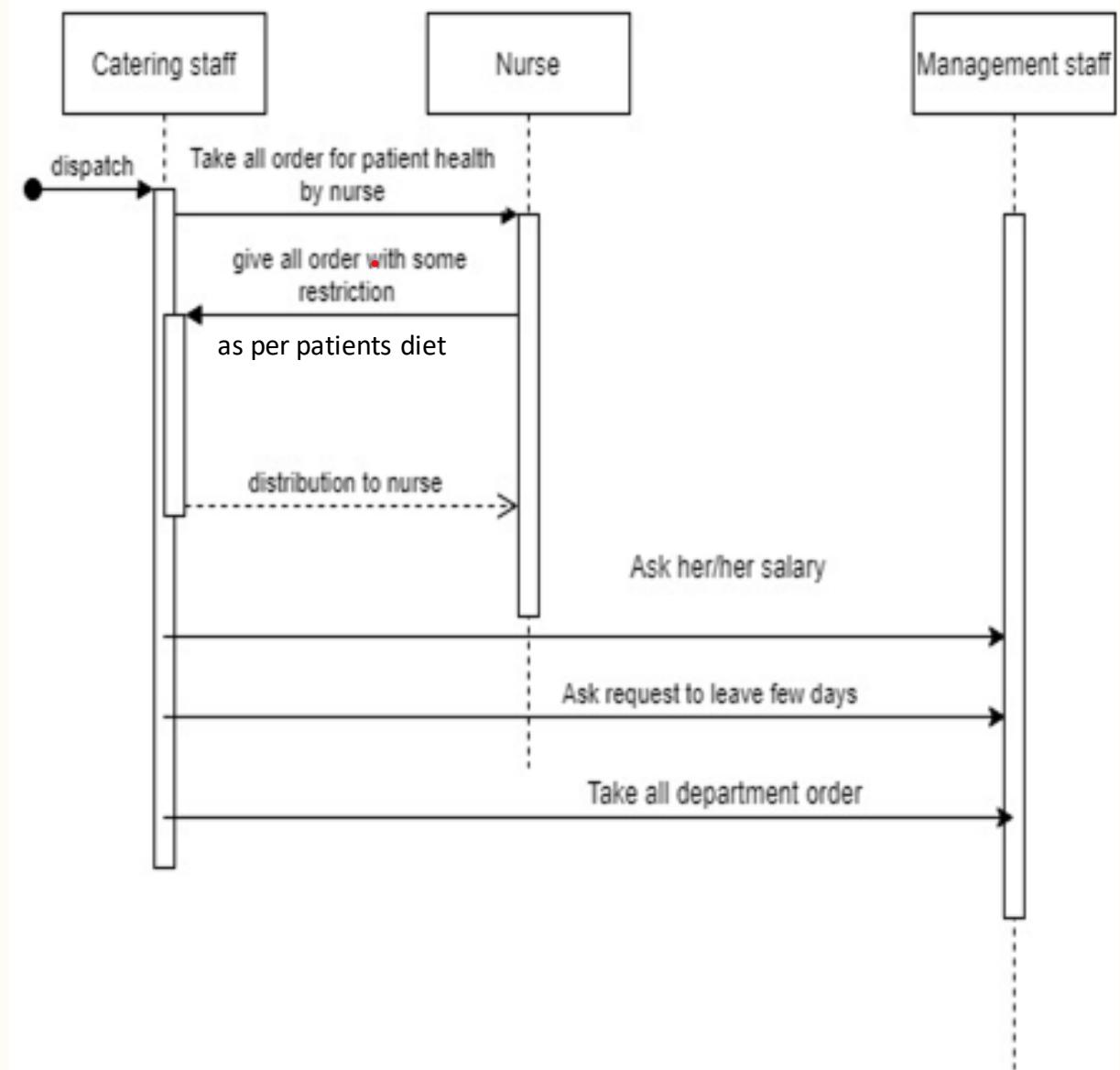


Clerical Staff Sequence Diagram

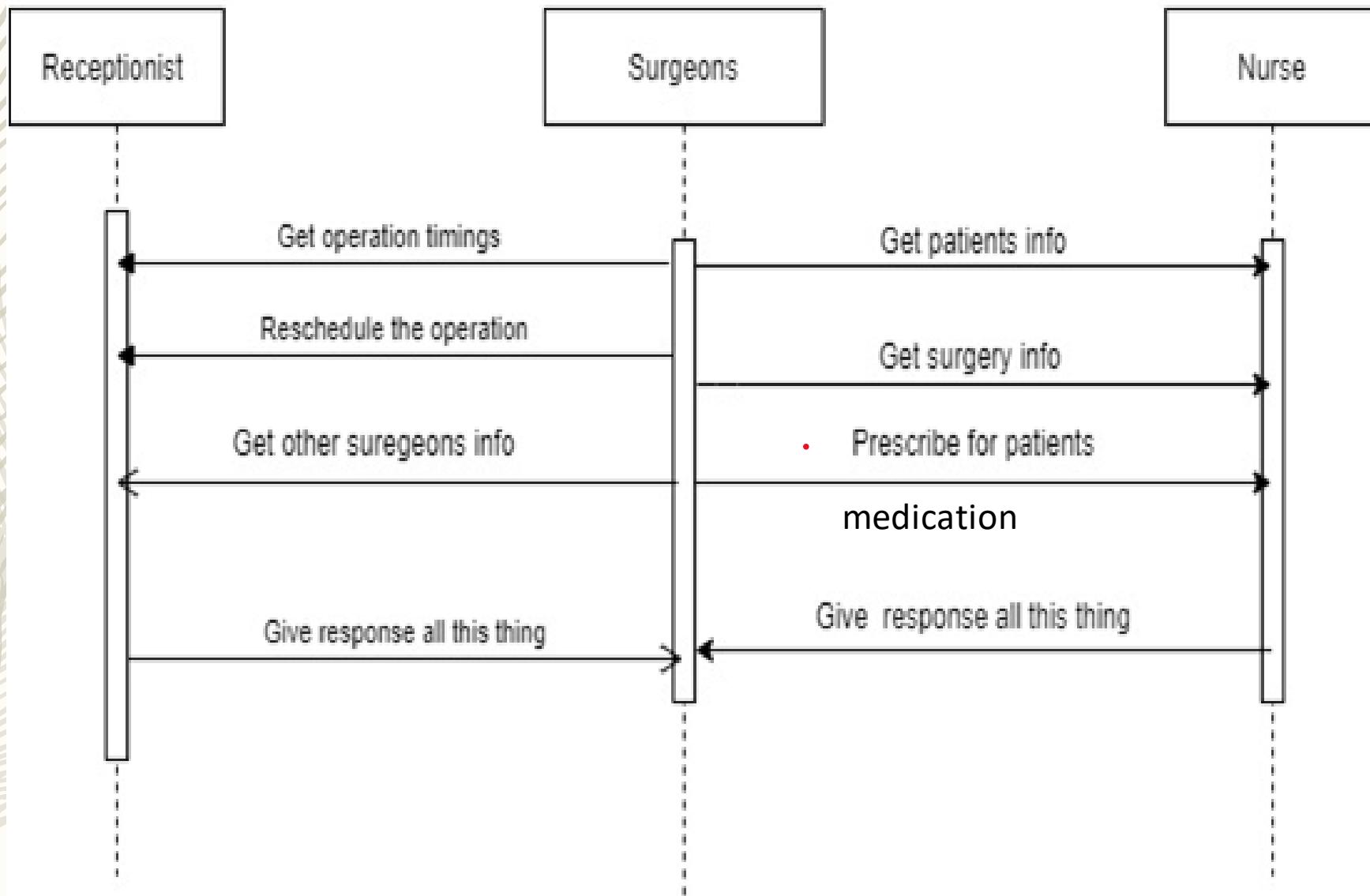


Catering staff Sequence Diagram

Ambulance Sequence Diagram

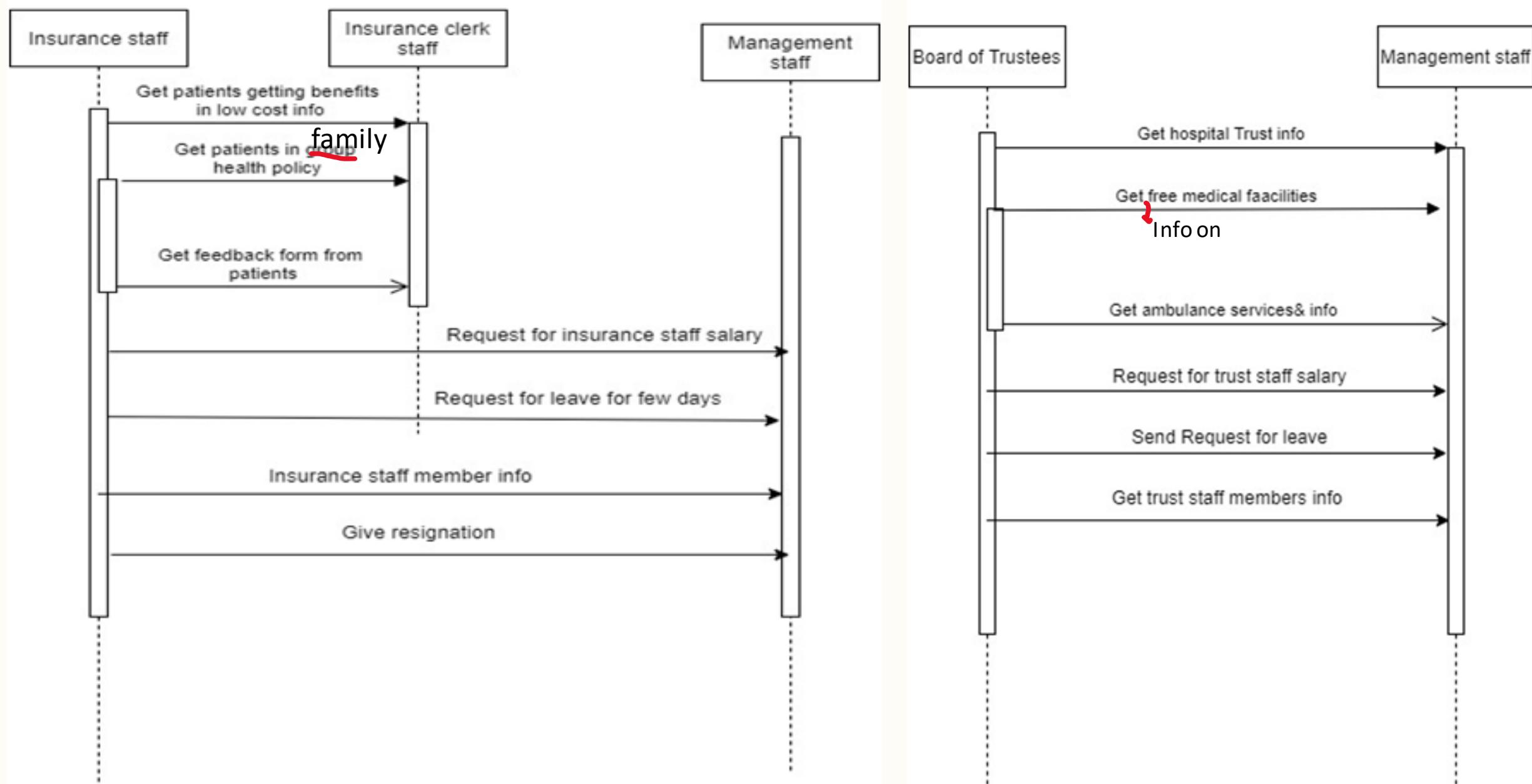


Surgeons Sequence Diagram

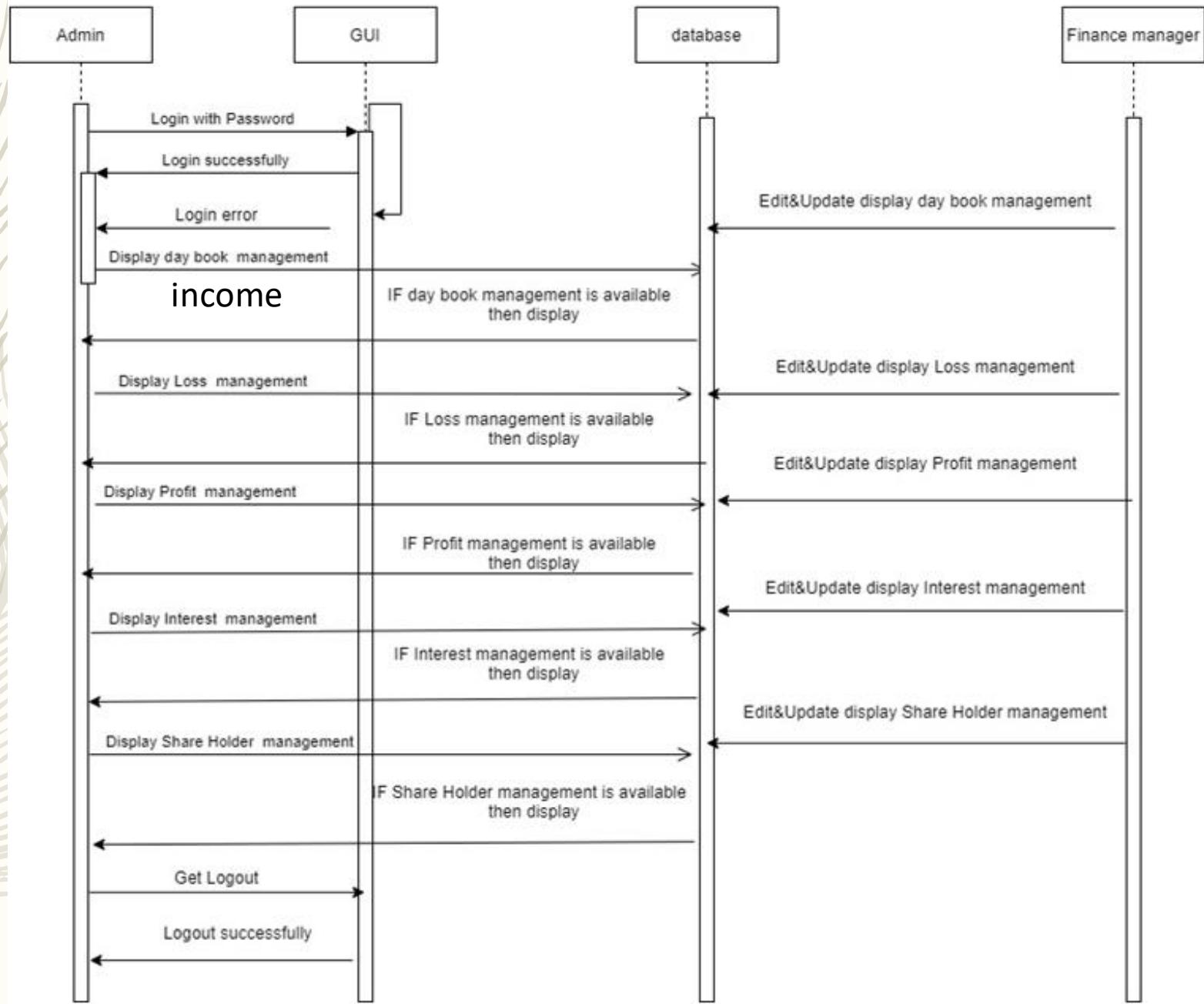


Insurance Sequence Diagram

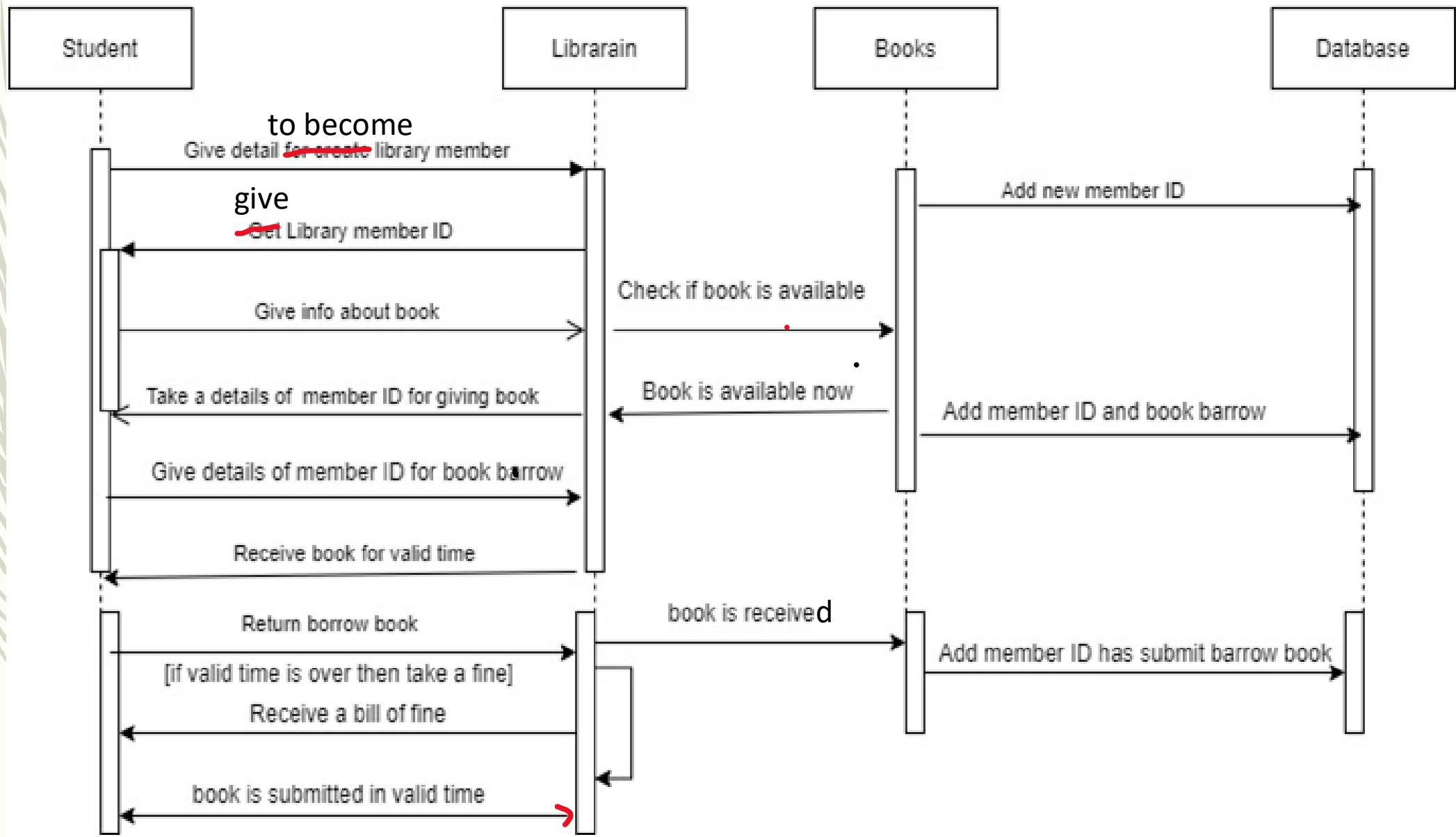
Board of Trustees Sequence Diagram



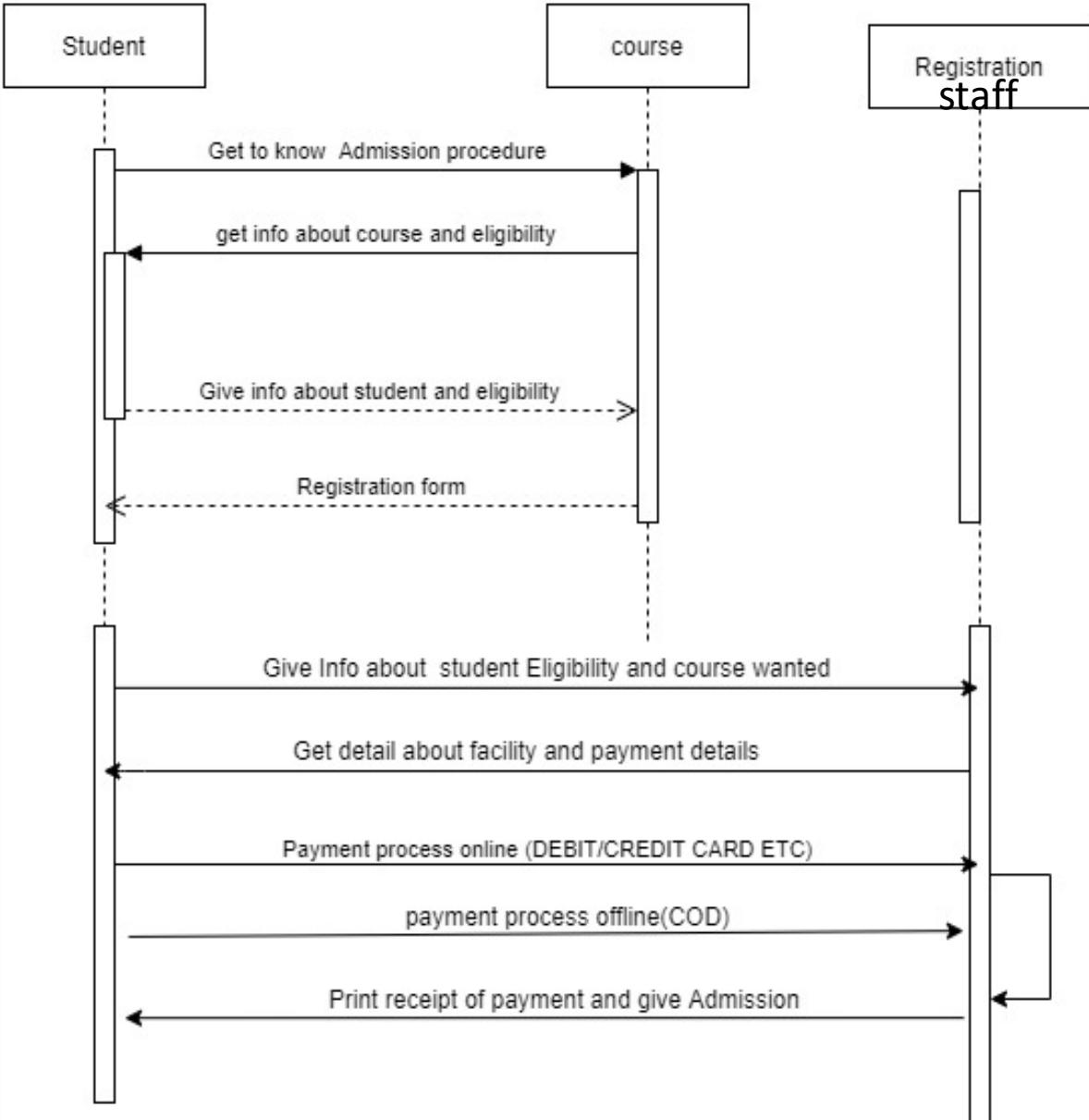
FINANCE ,MANAGER STAFF SEQUENCE DIAGRAM



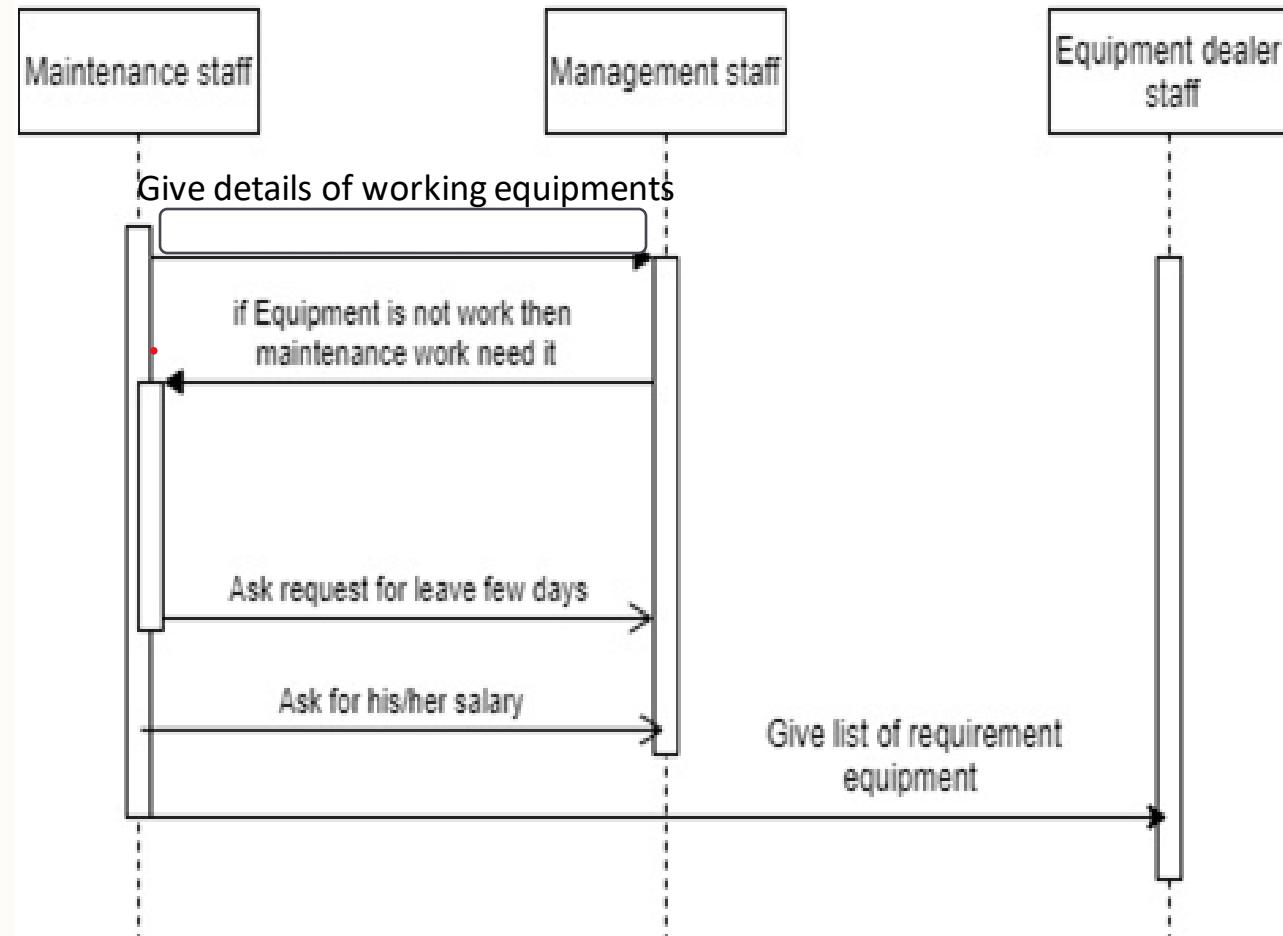
HOSPITAL LIBRARY SEQUENCE DIAGRAM



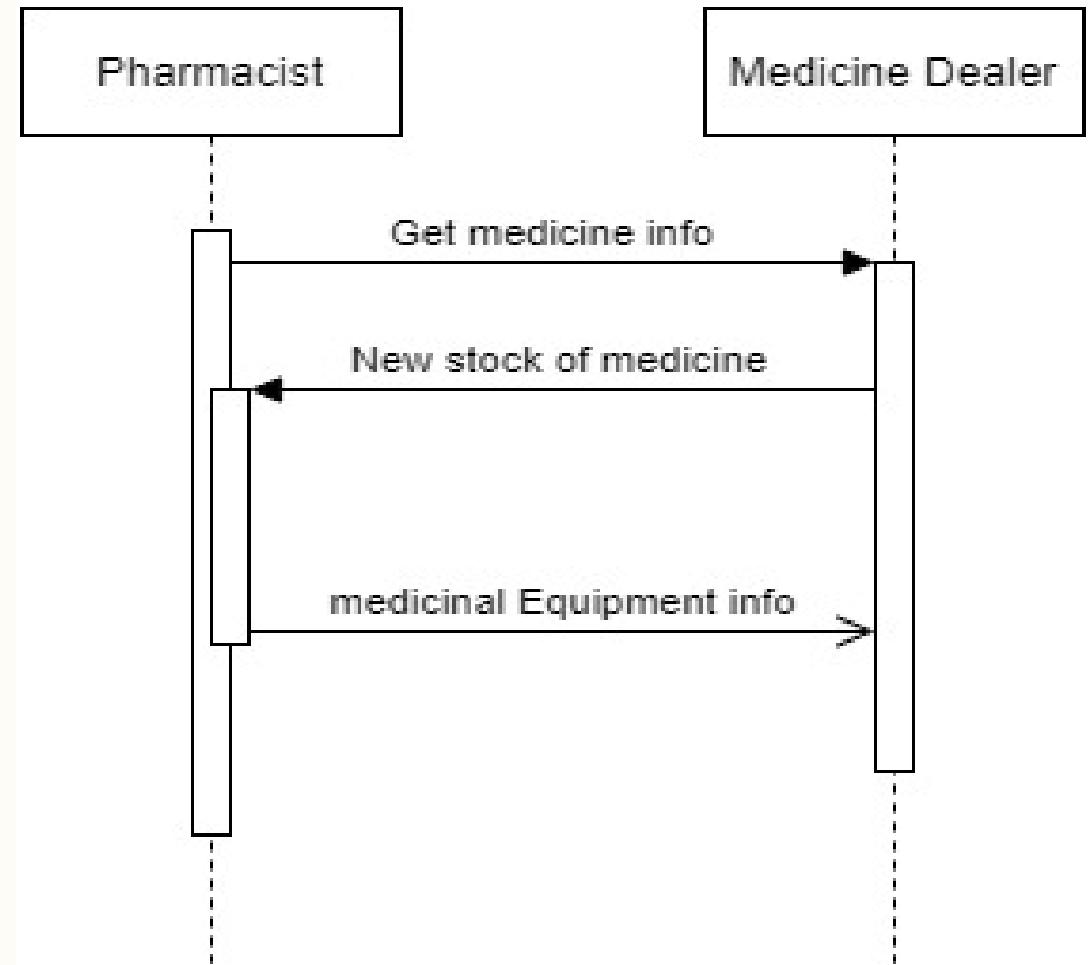
MEDICAL COLLEGE SEQUENCE DIAGRAM



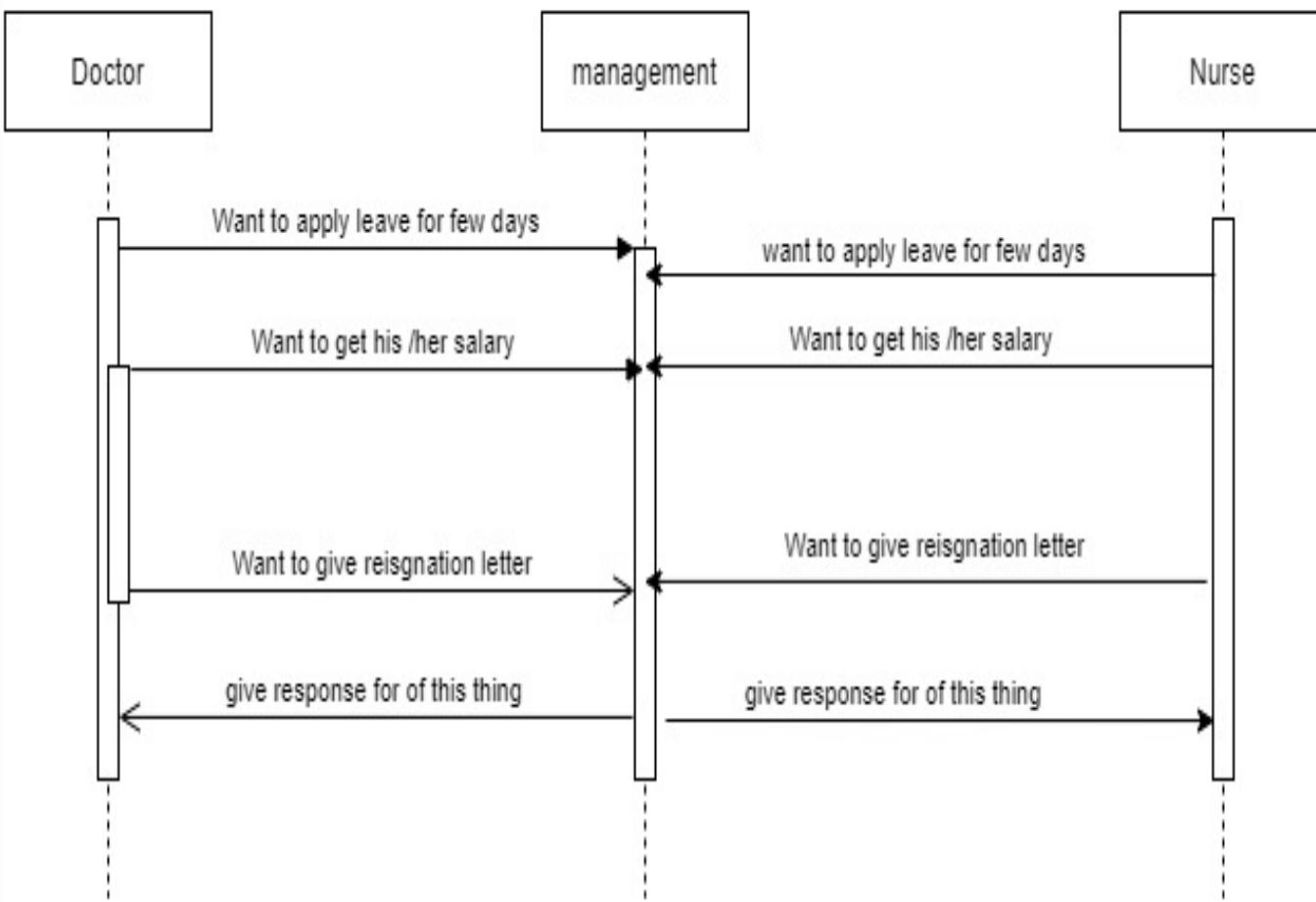
Maintenance staff Sequence Diagram



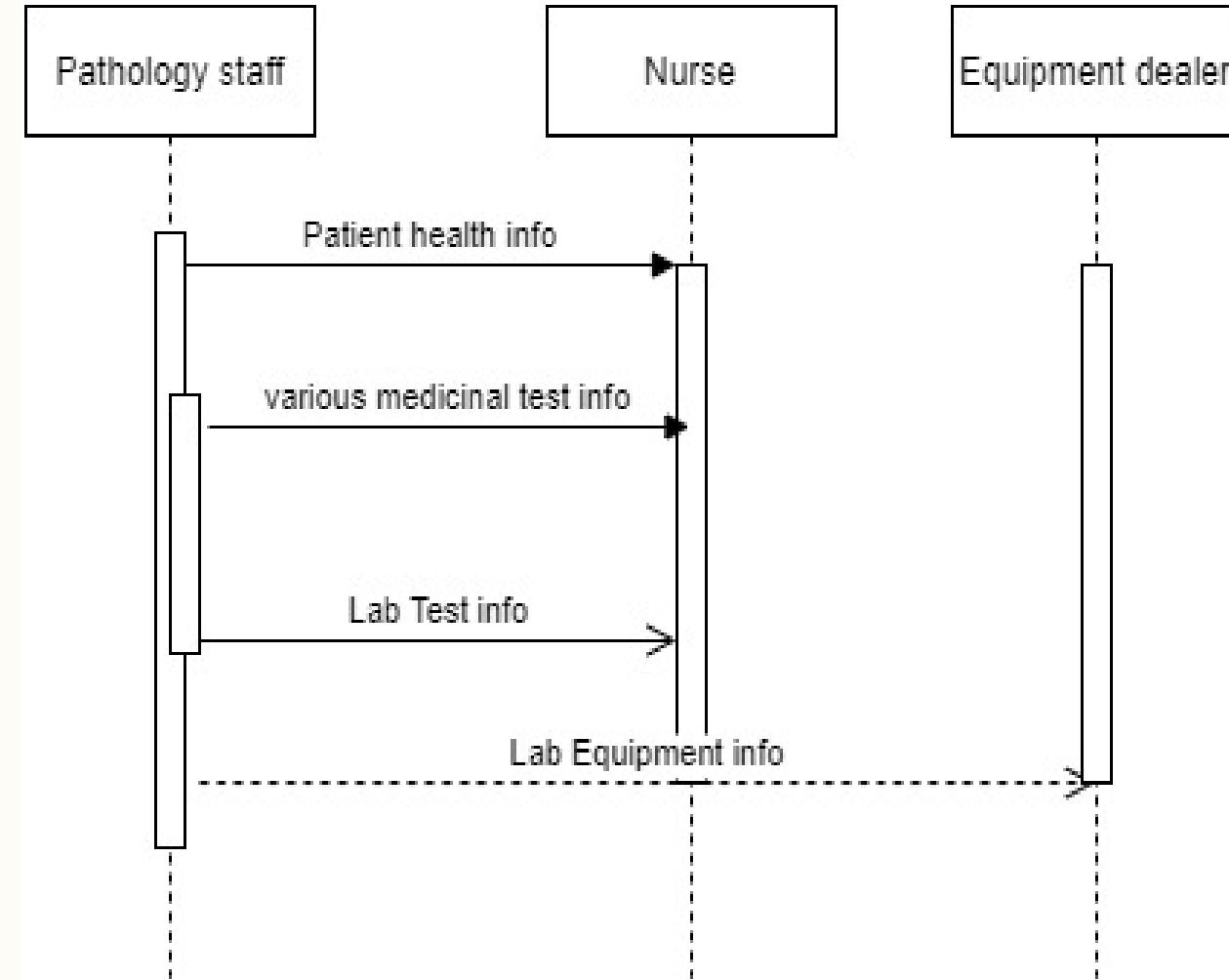
Pharmacist Sequence Diagram



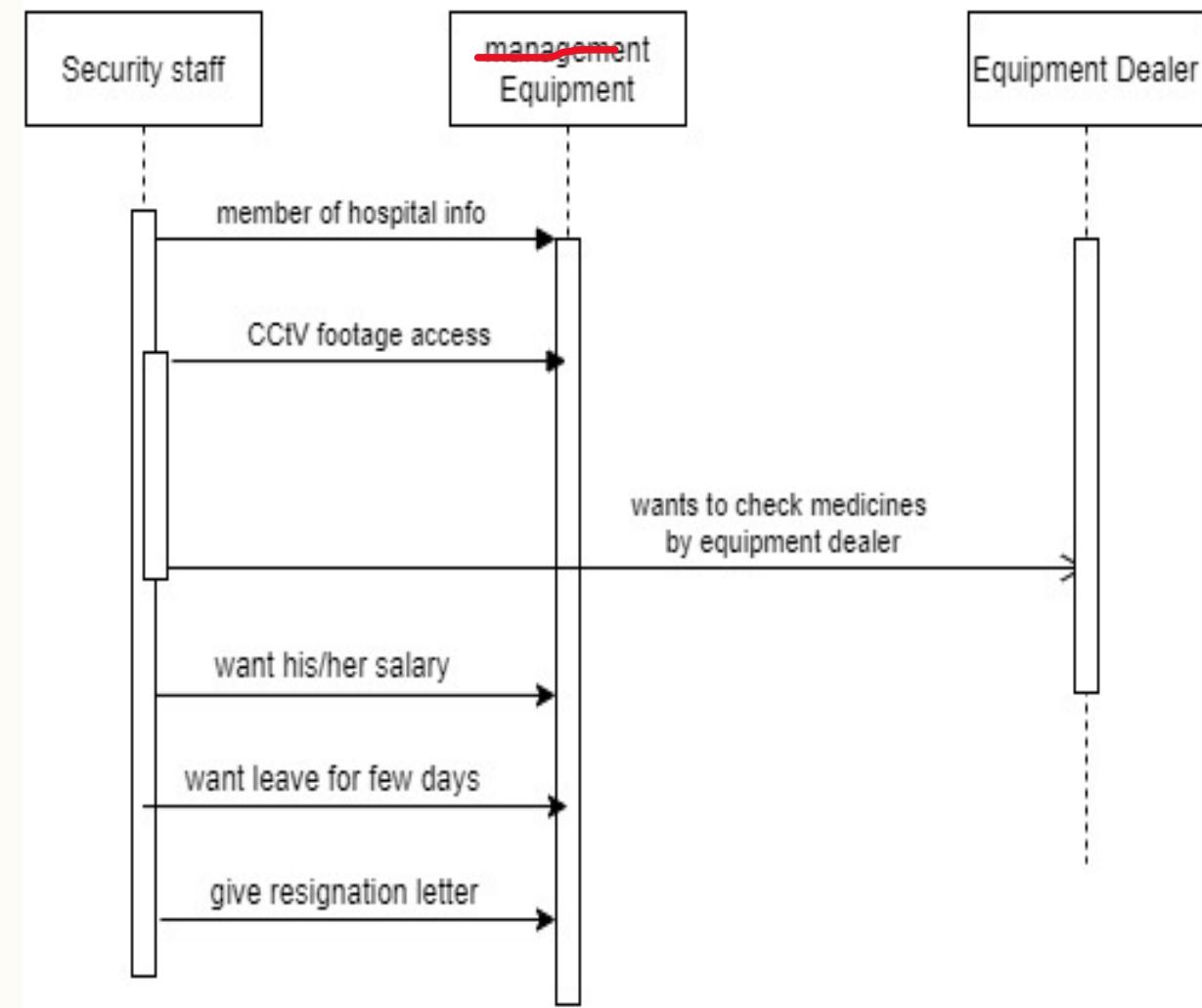
Management Sequence Diagram



Pathology Sequence Diagram

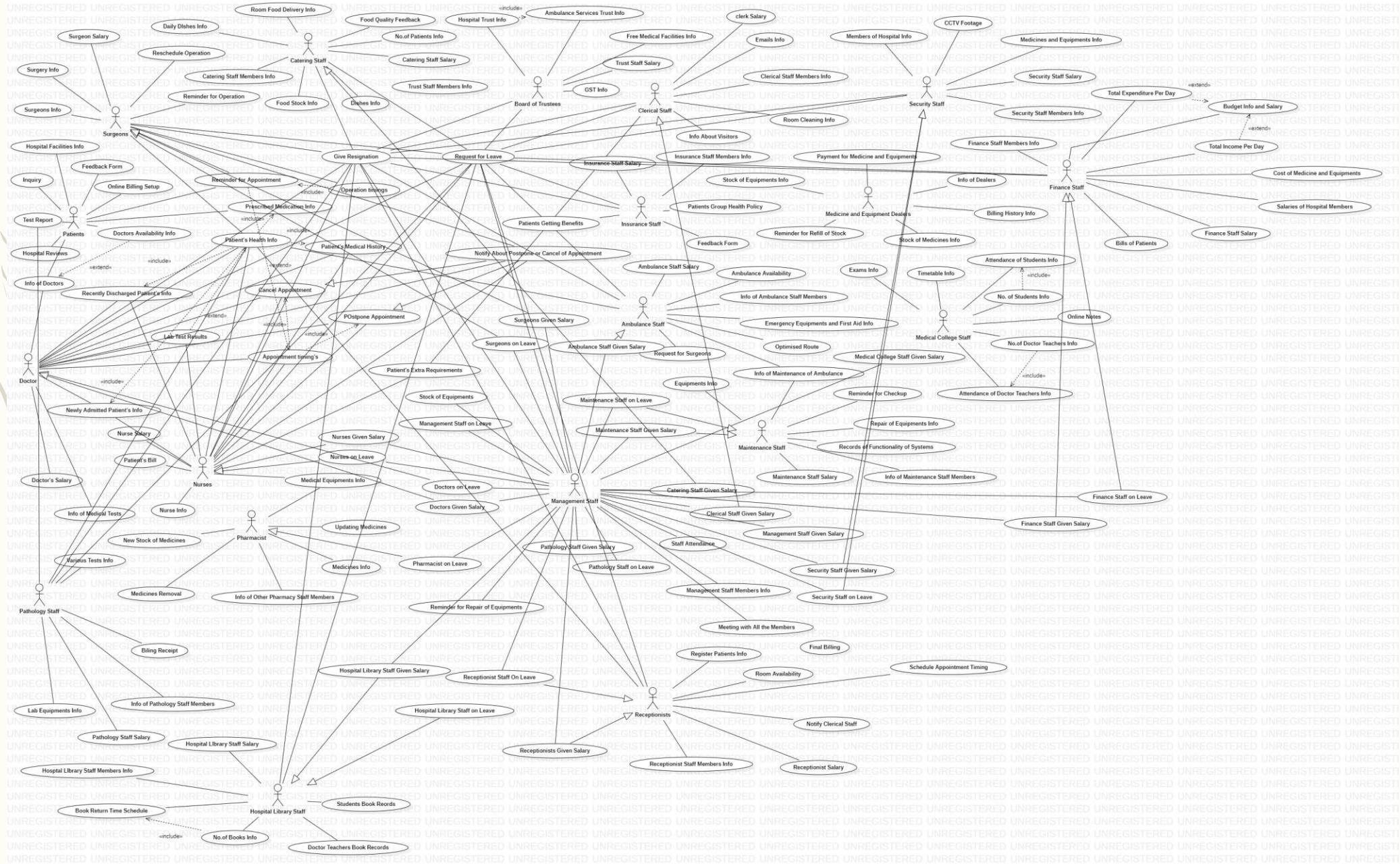


Security Sequence Diagram

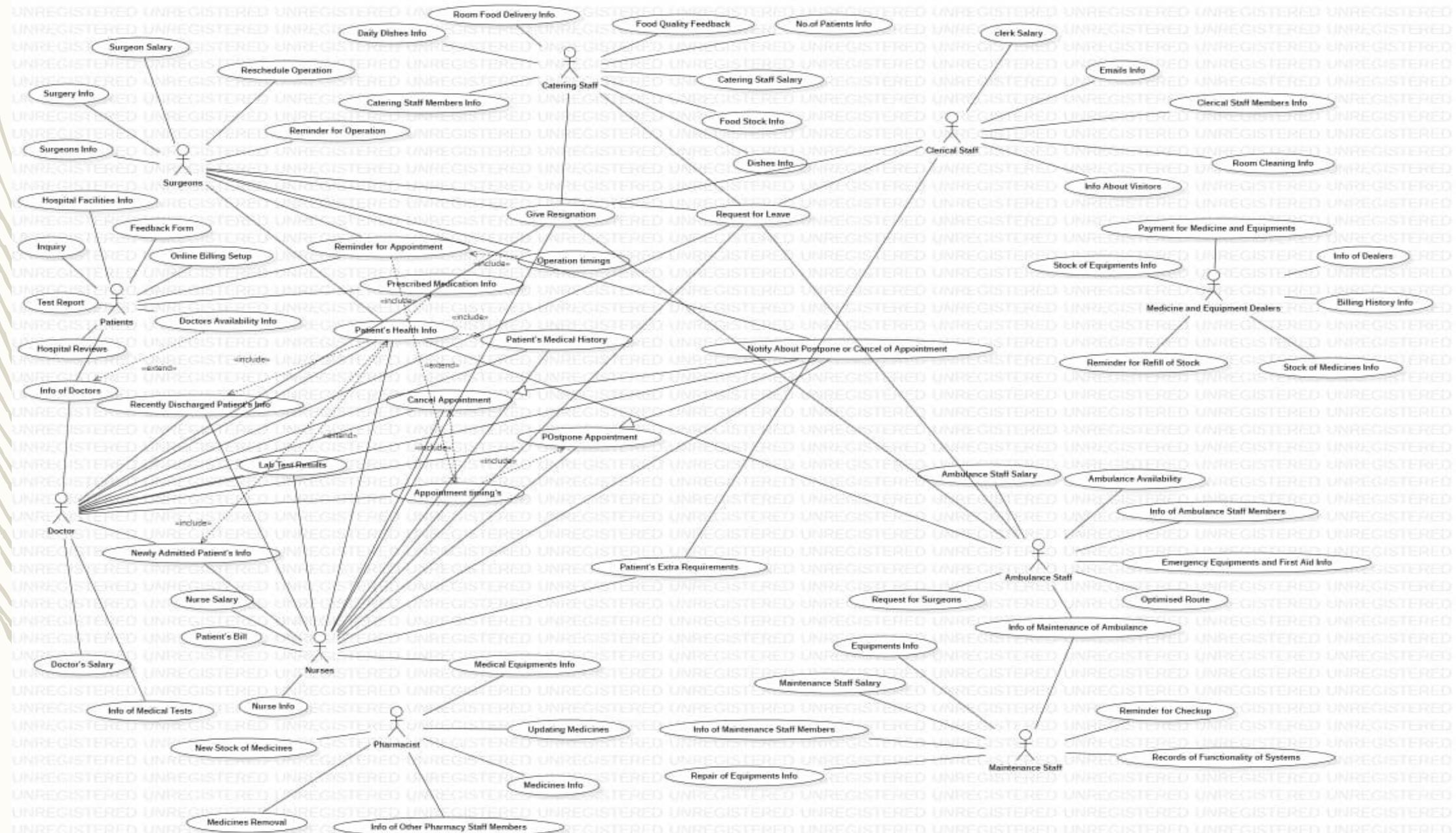


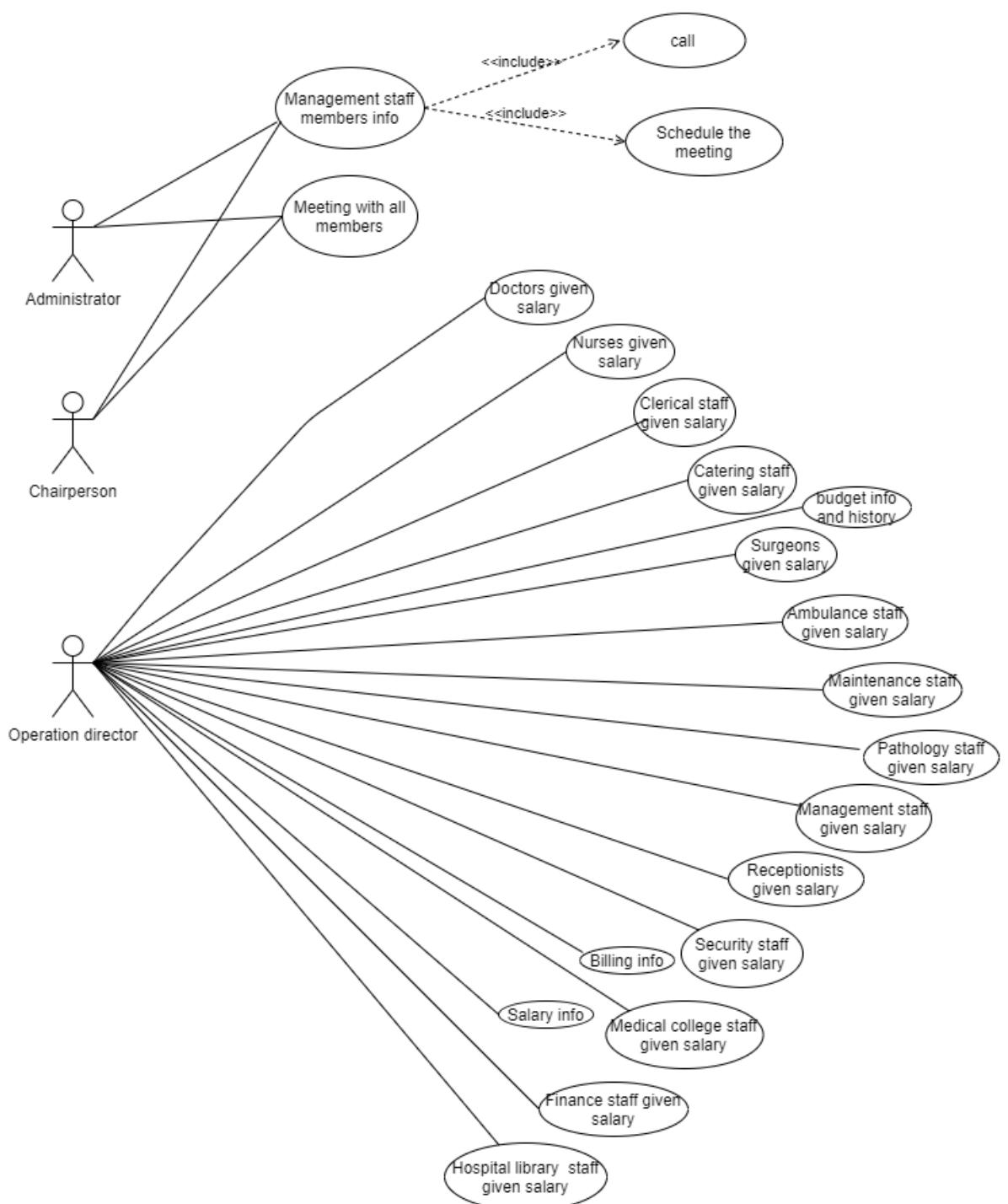
CASE DIAGRAM

PLEASE ZOOM – OVERALL CASE DAIGRAM

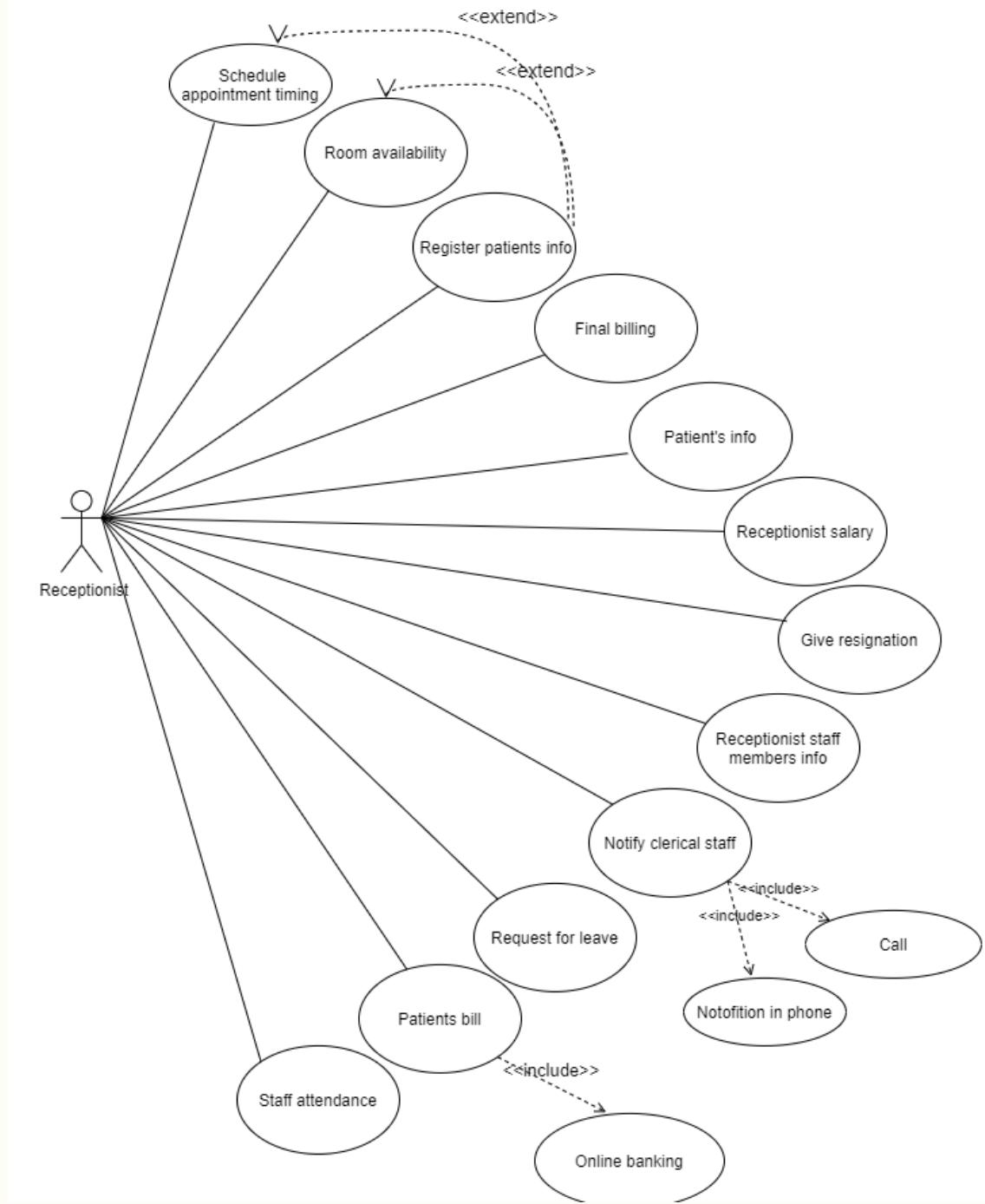
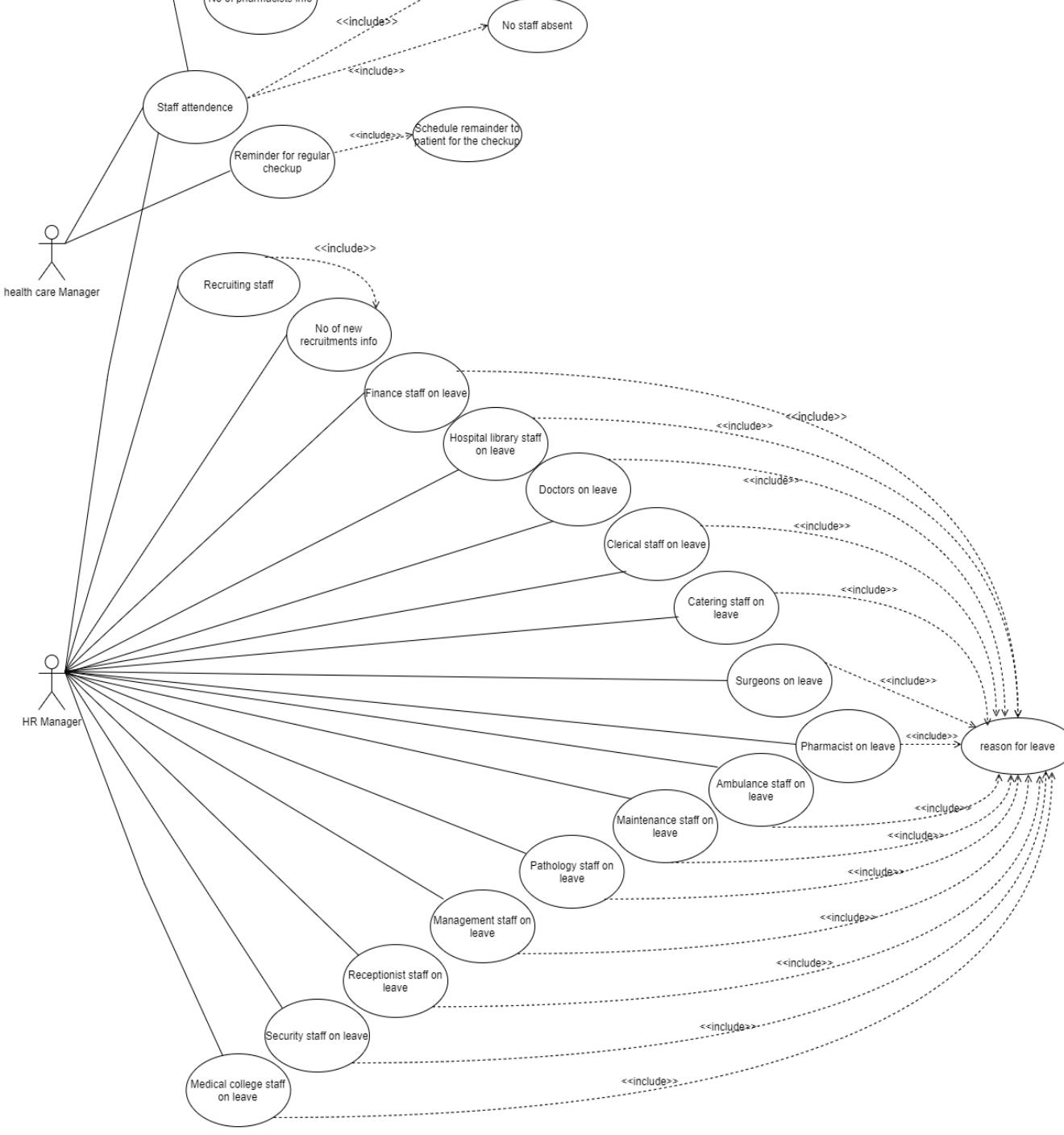


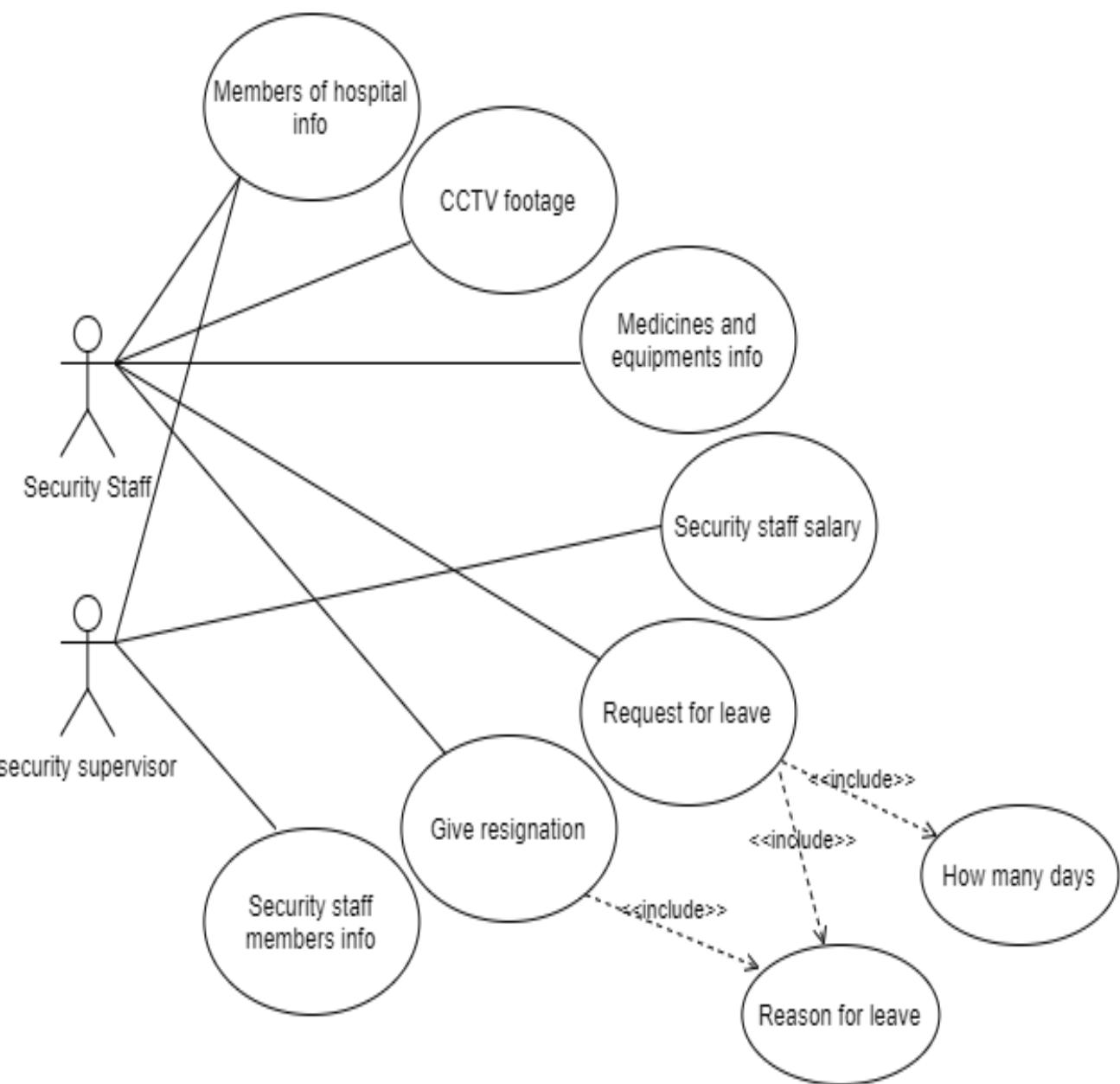
SUB PARTS OF MAIN CASE DAIGRAM

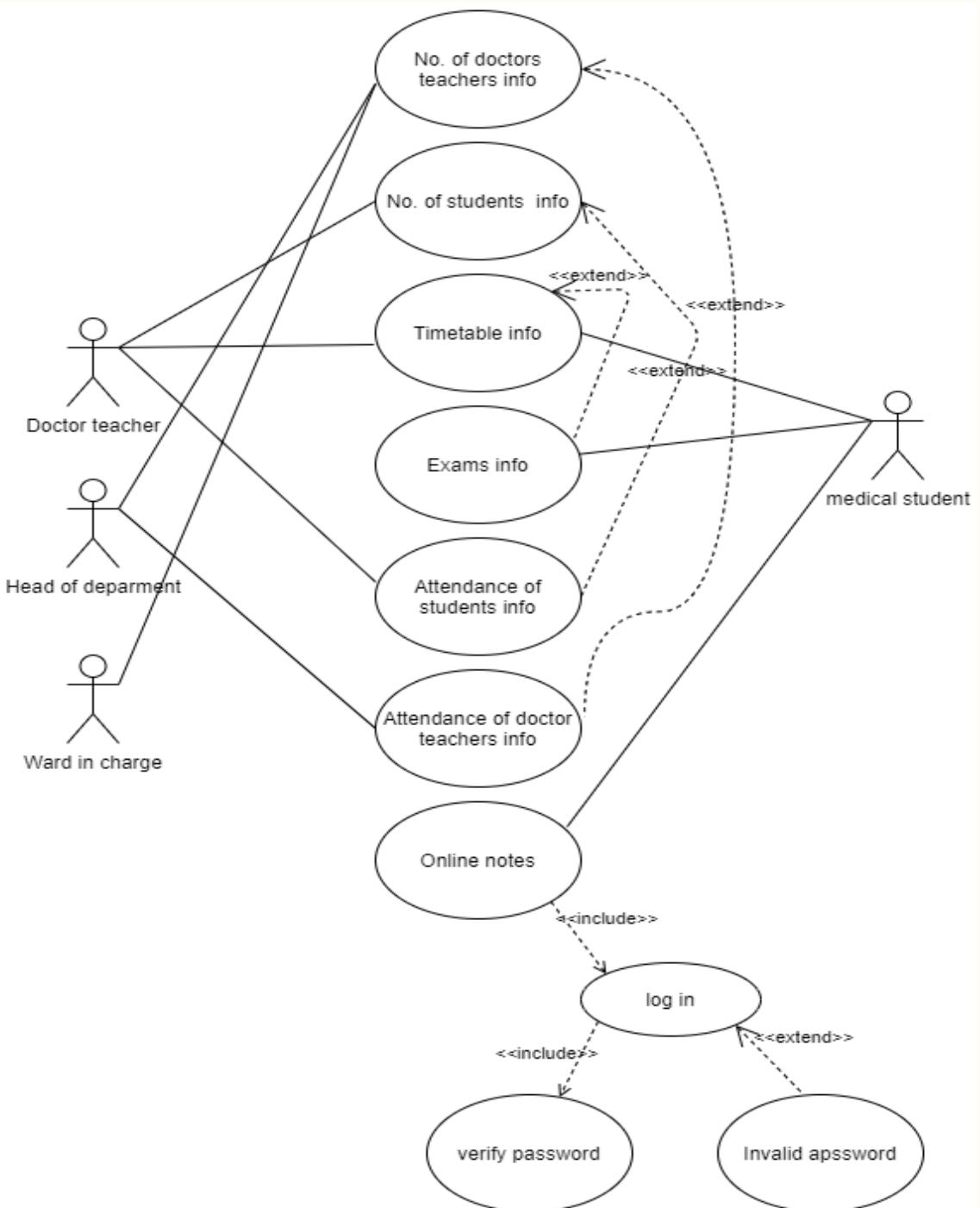
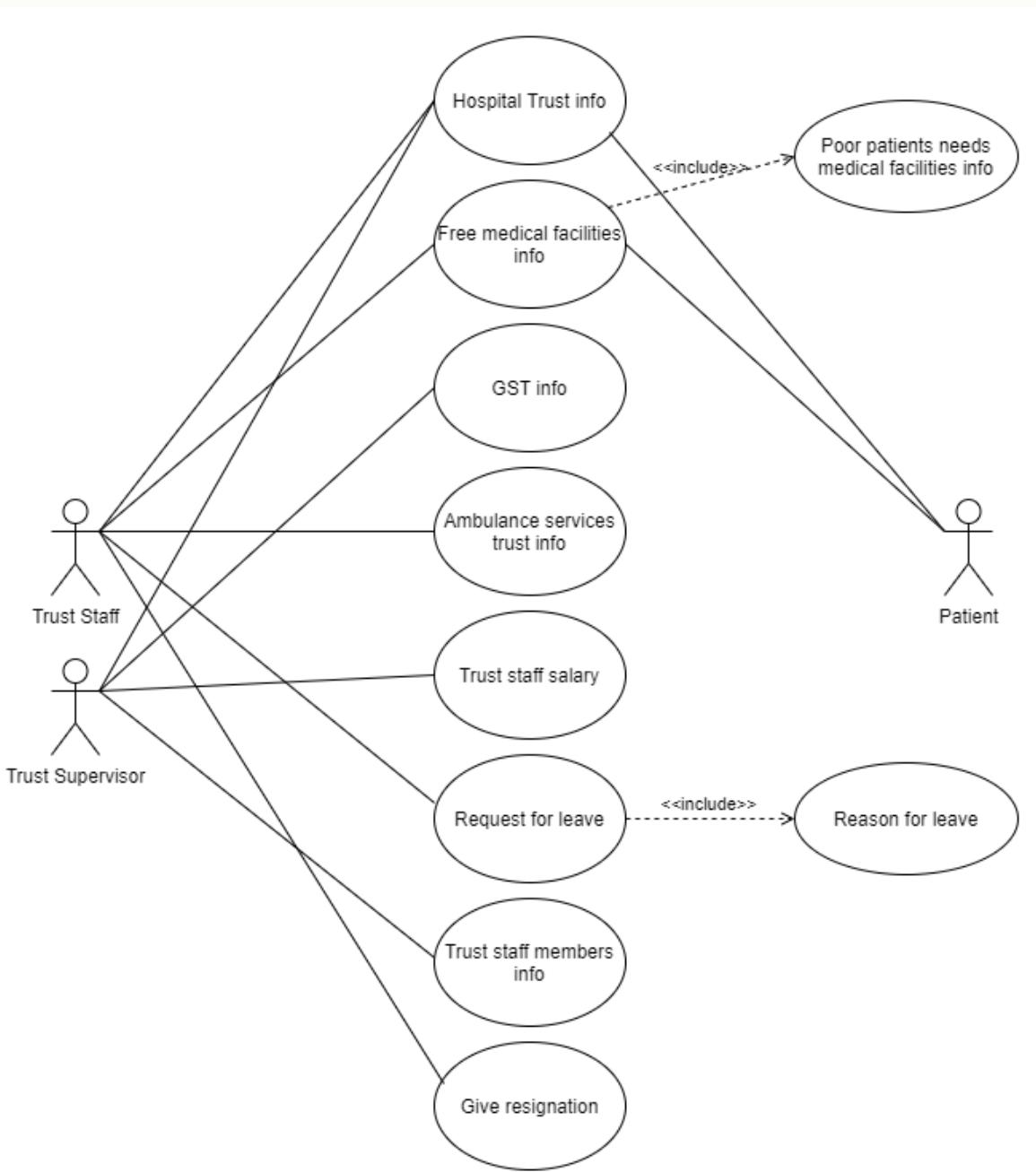


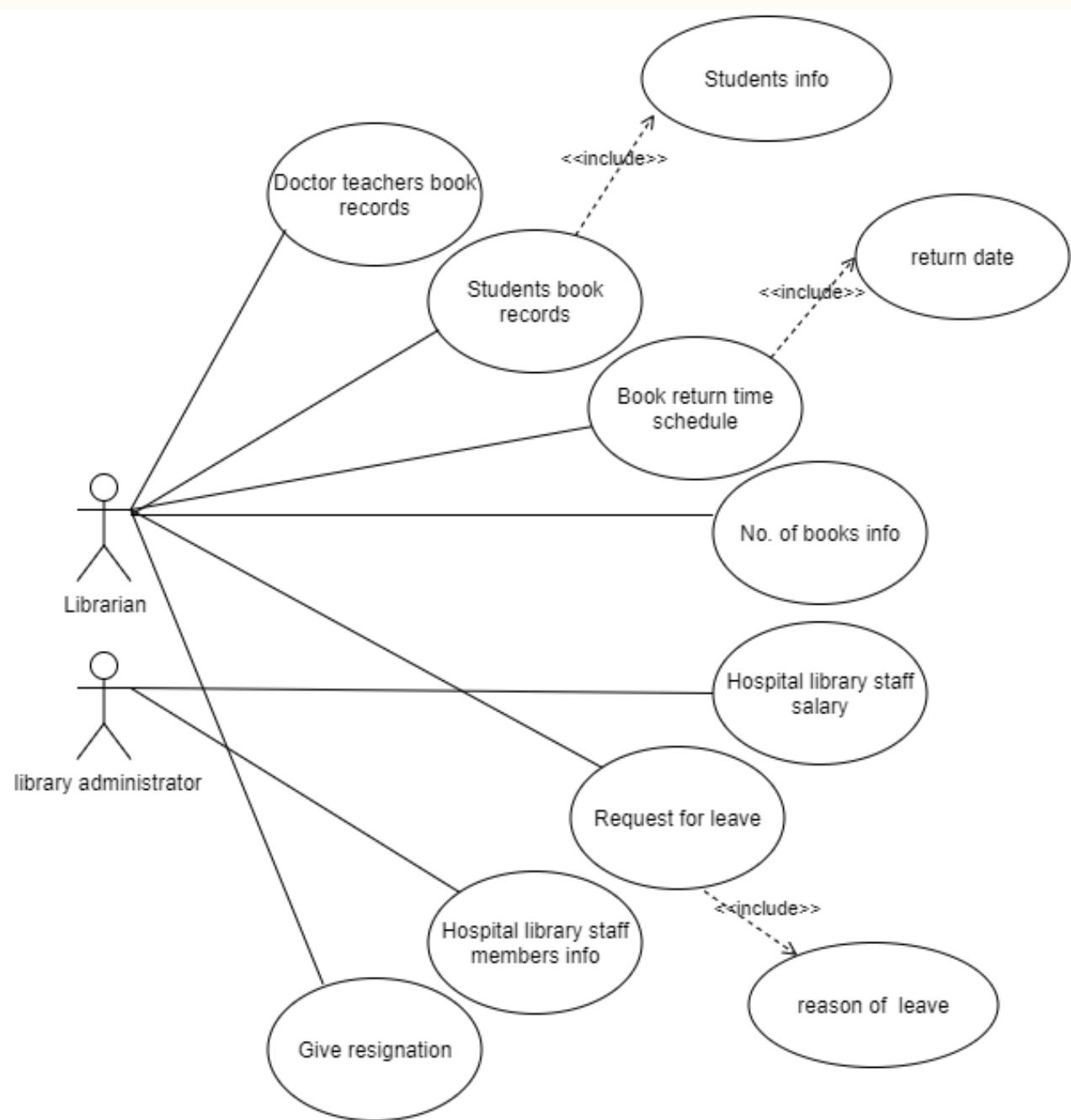
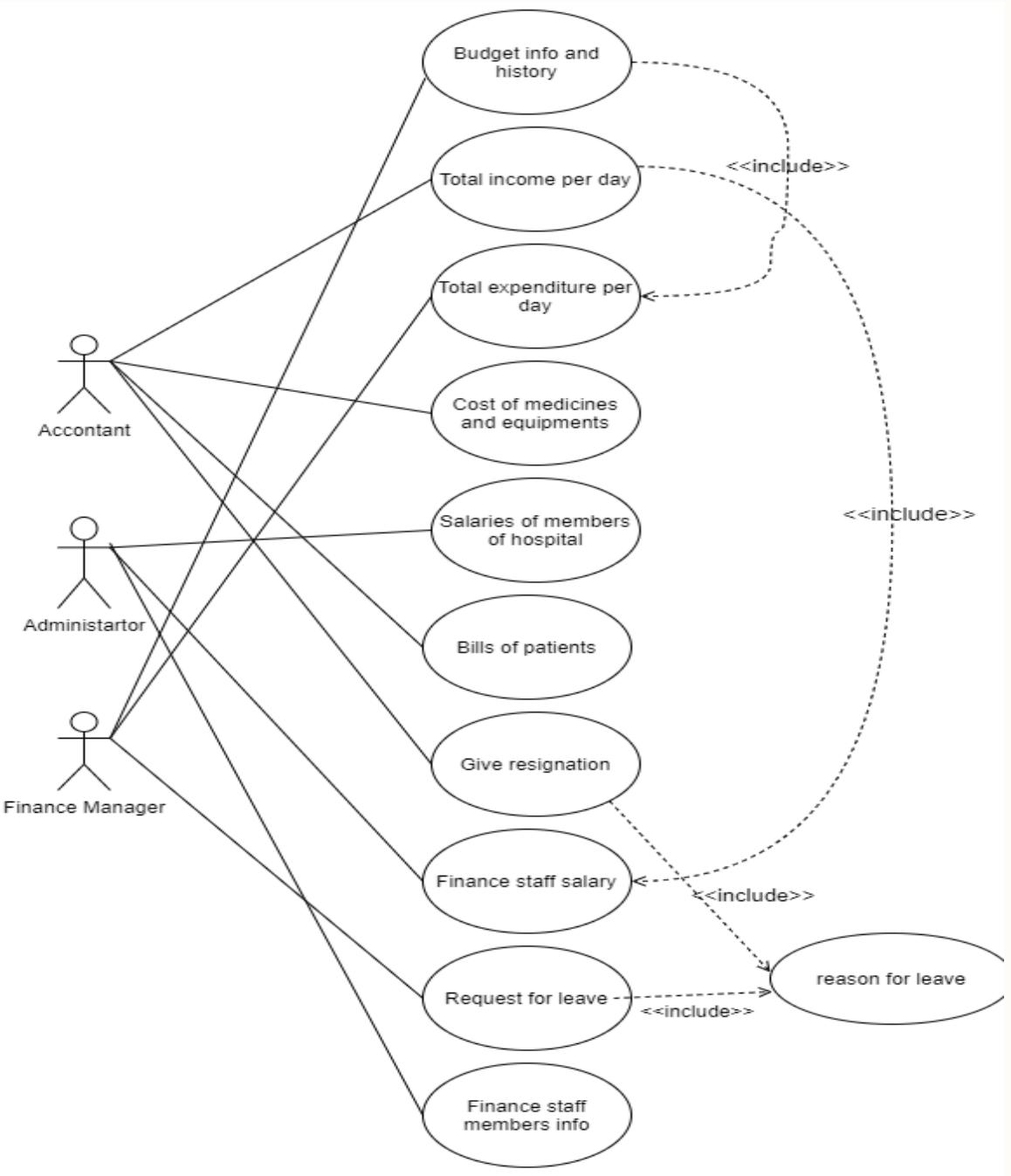






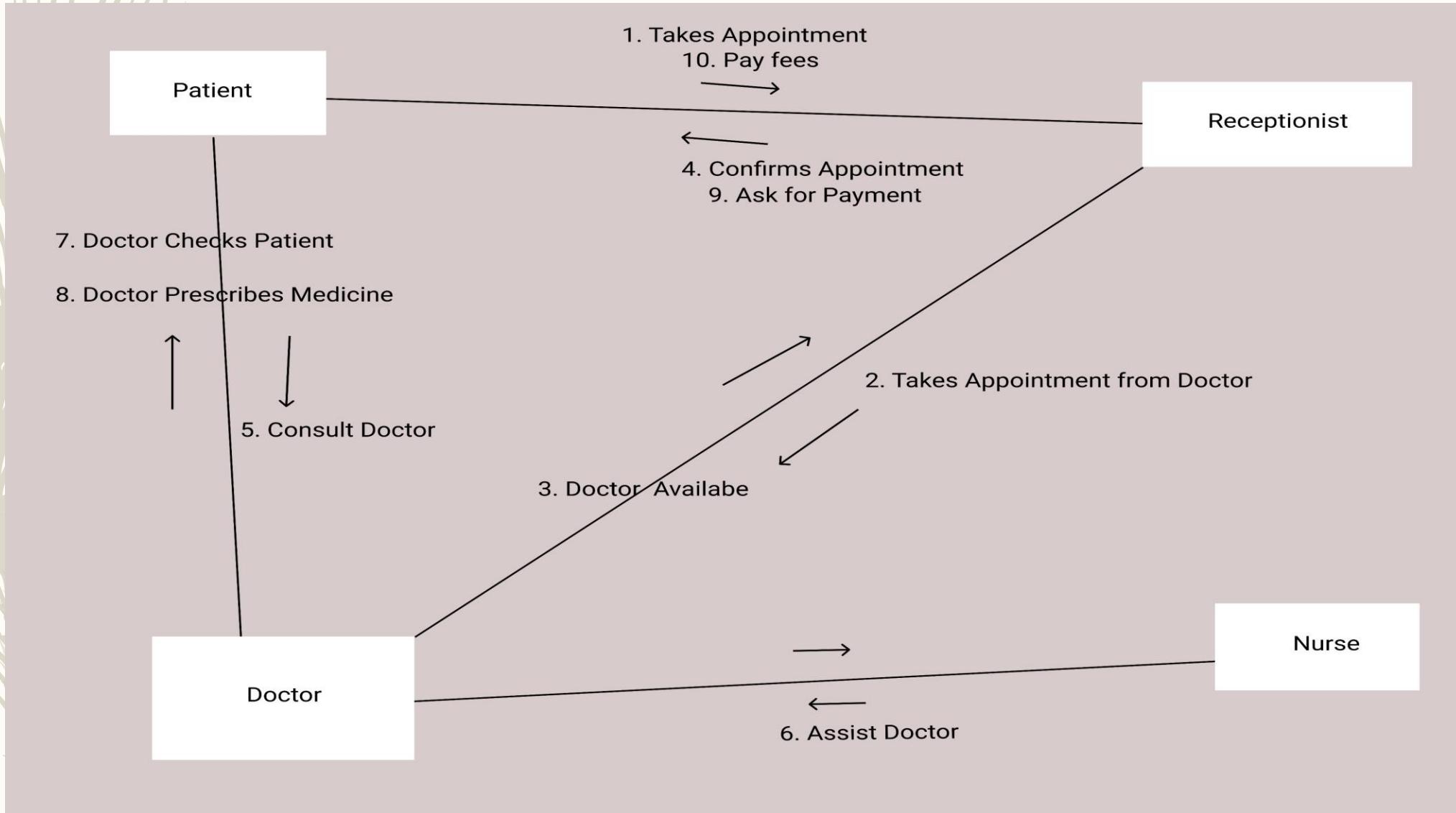




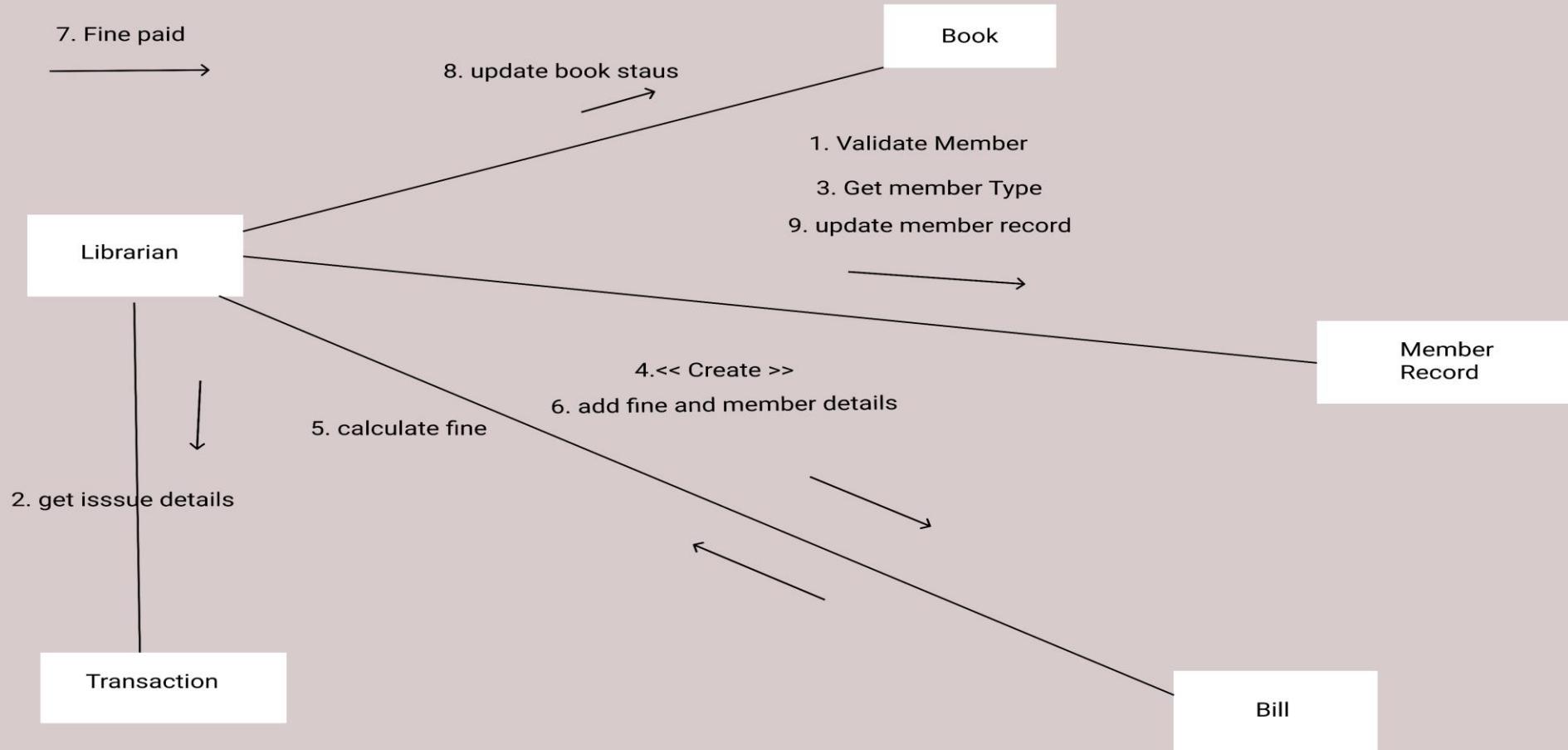


COLLABORATION DIAGRAM

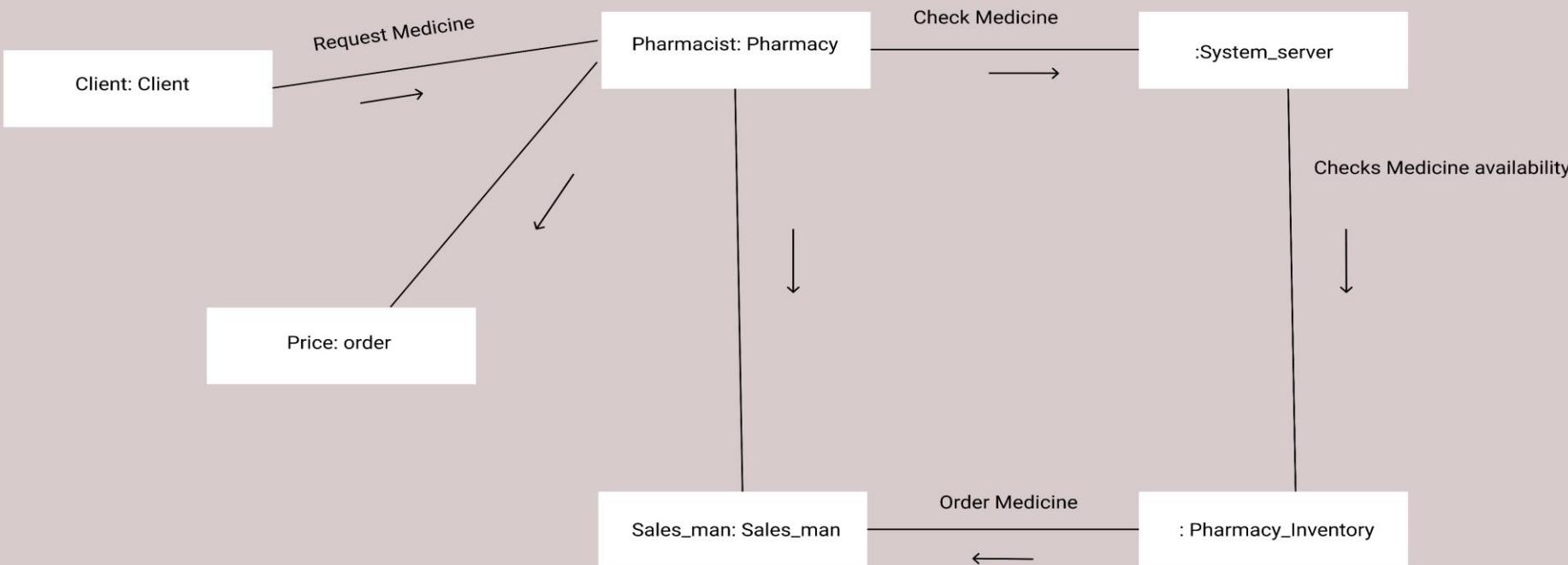
PATIENT, DOCTOR, RECEPTIONIST, NURSE Collaboration diagram



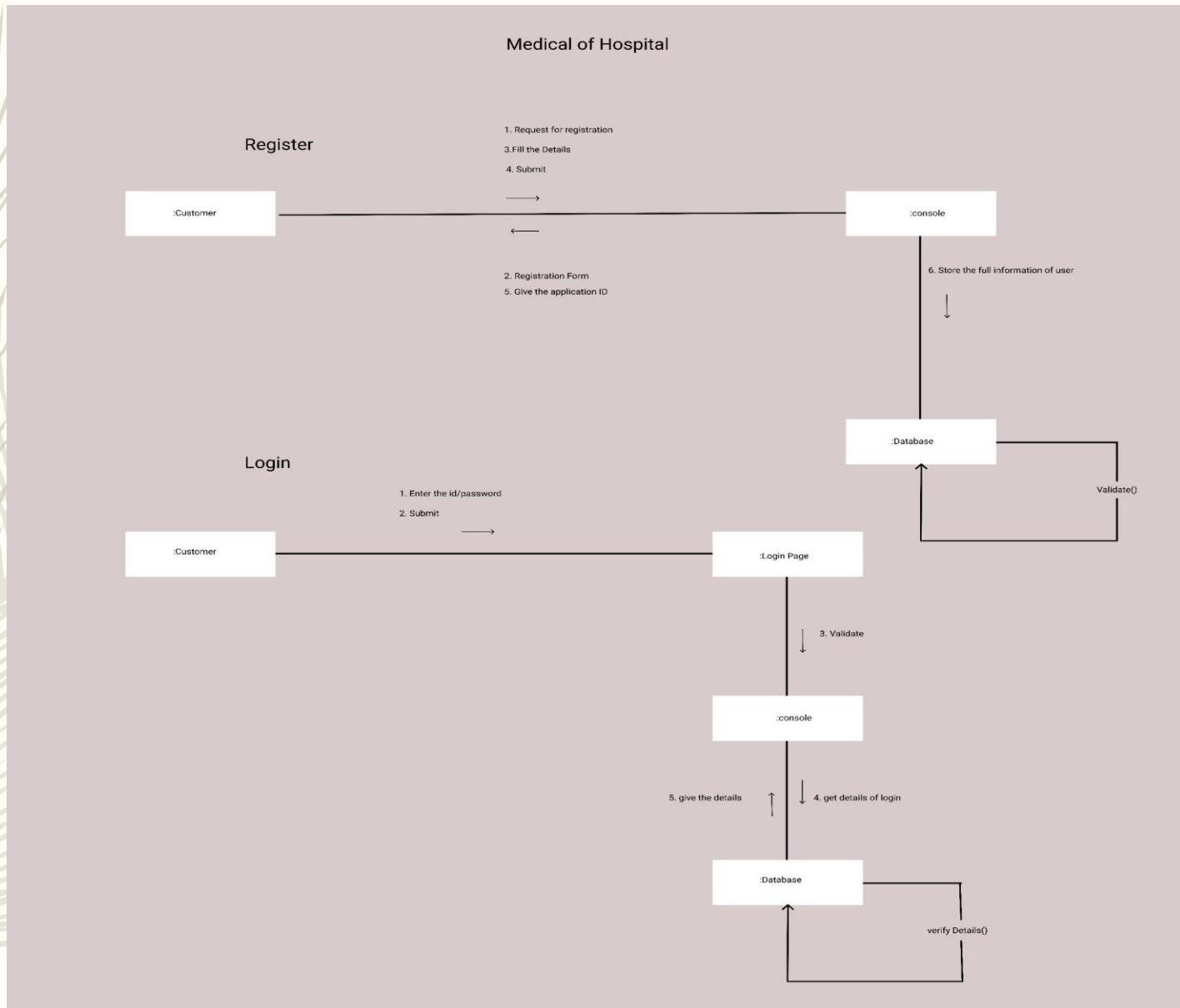
Hospital Library collaboration diagram



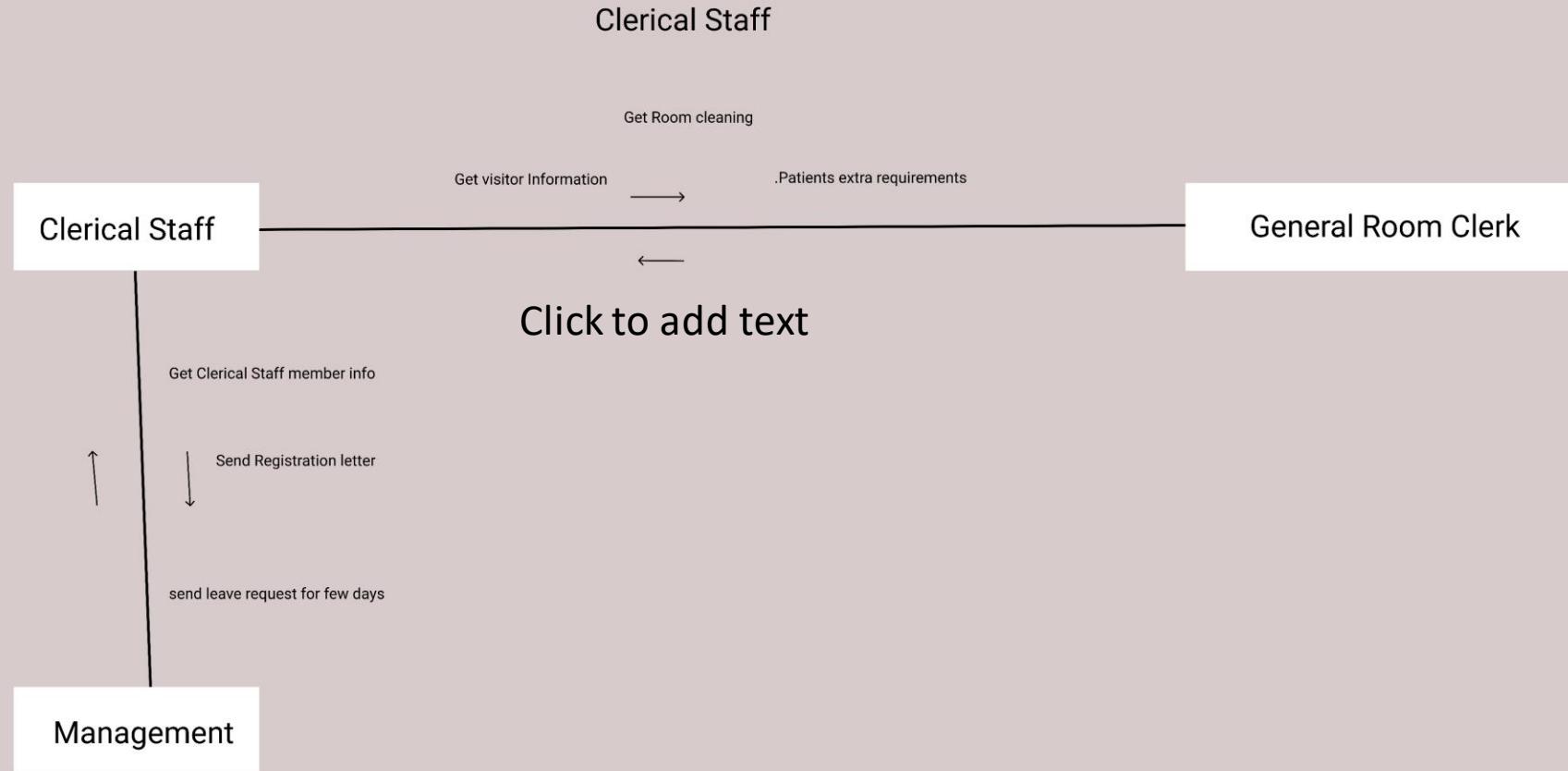
Pharmacy collaboration diagram



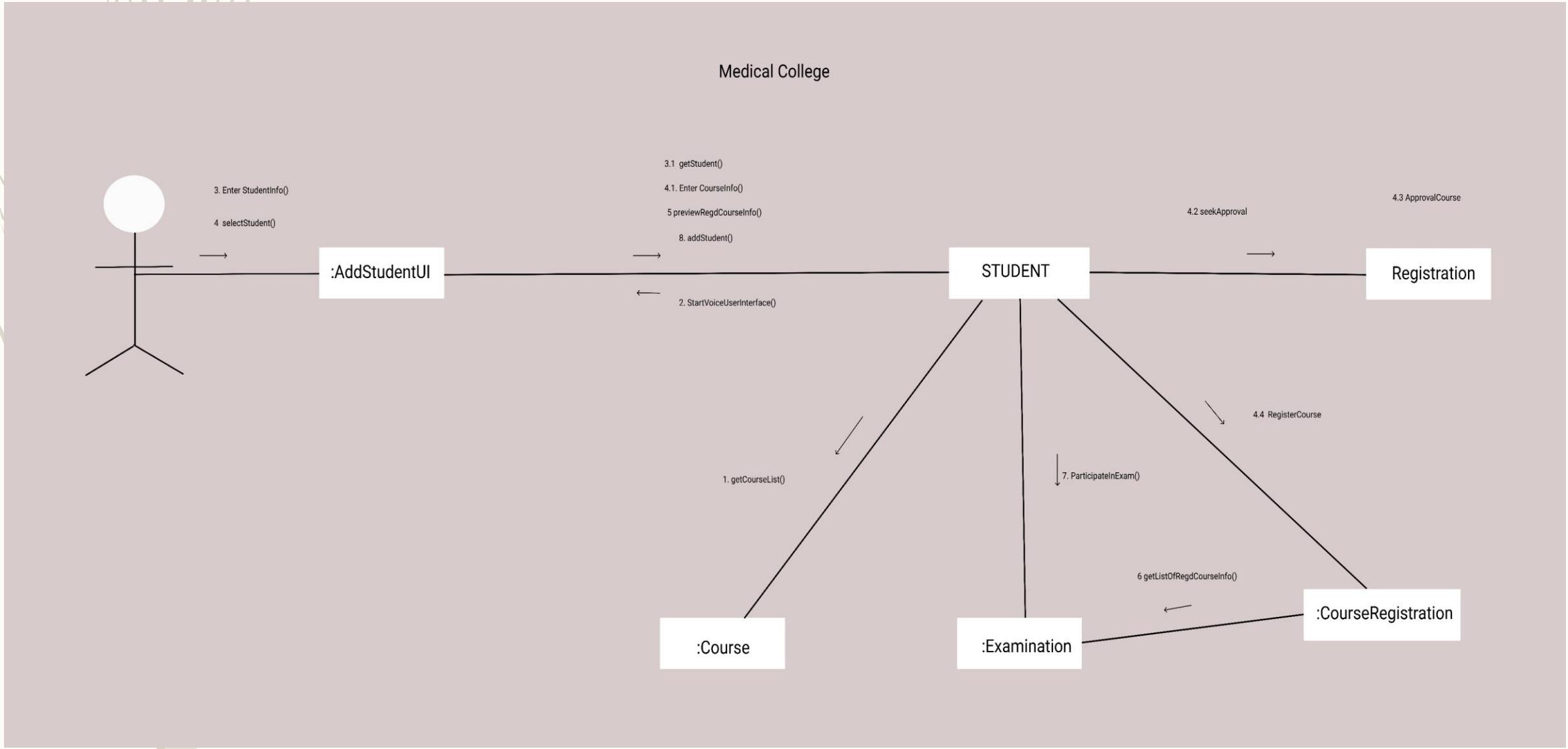
Medical College collaboration diagram

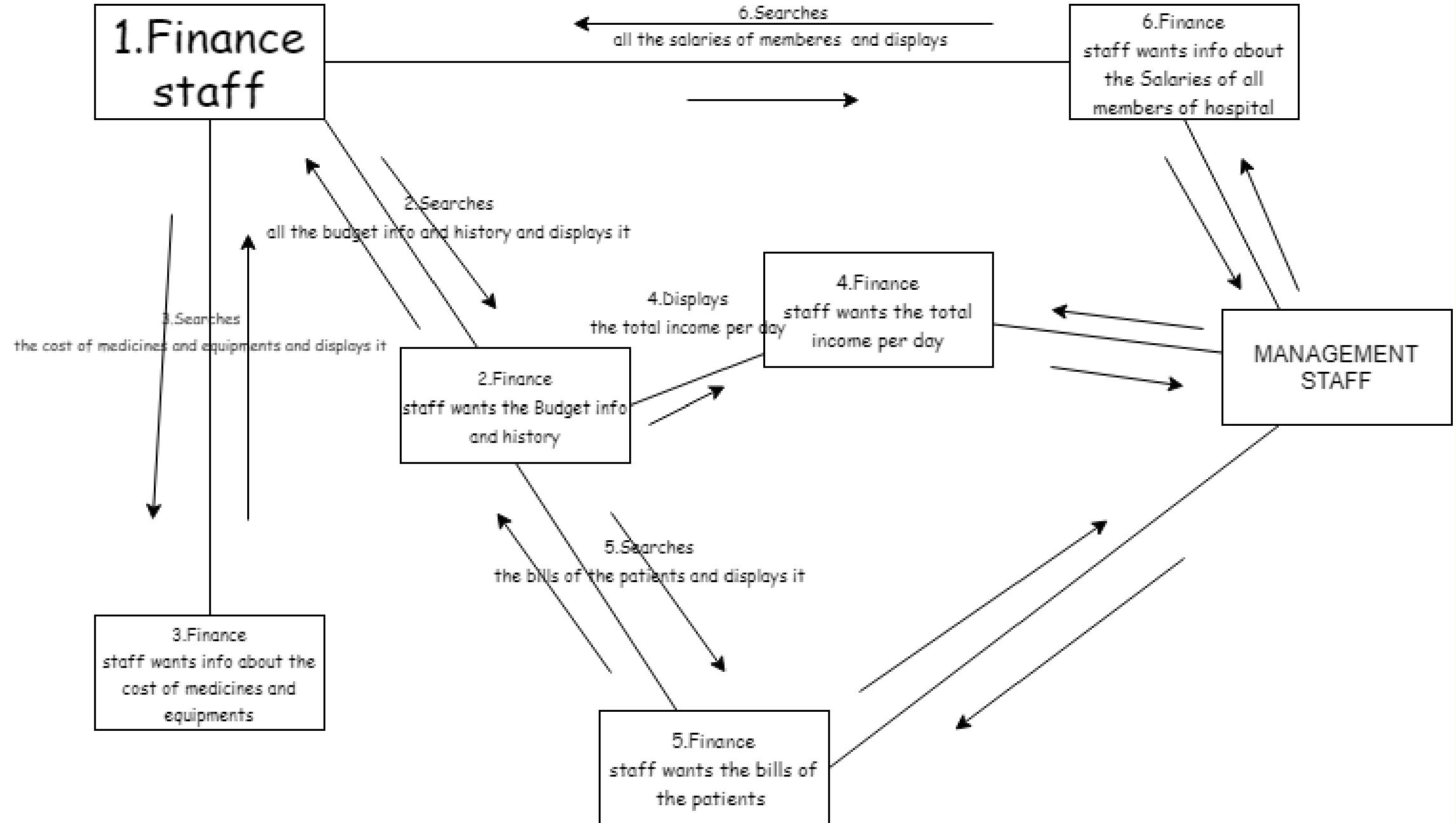


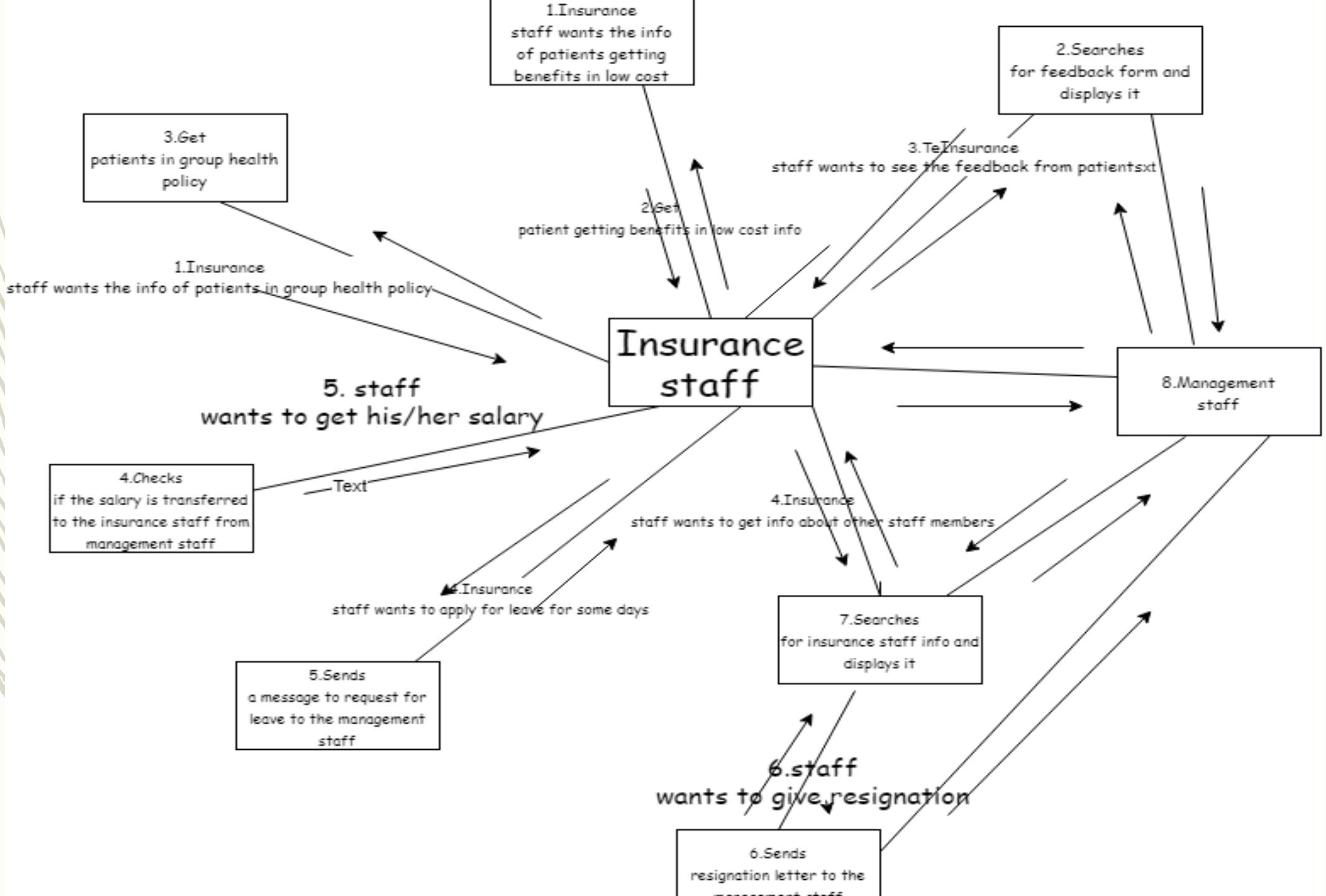
Clerical Staff Collaboration diagram

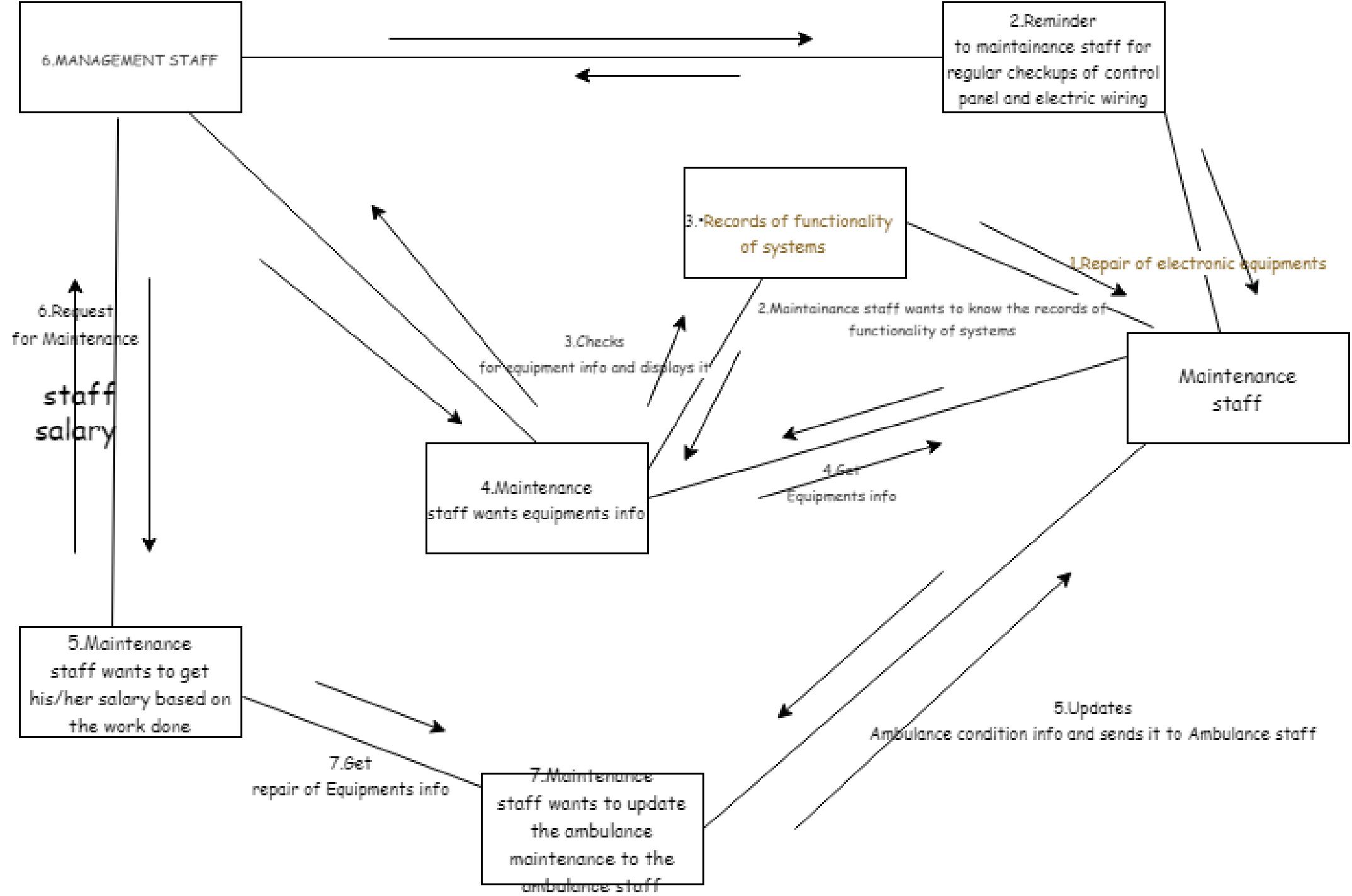


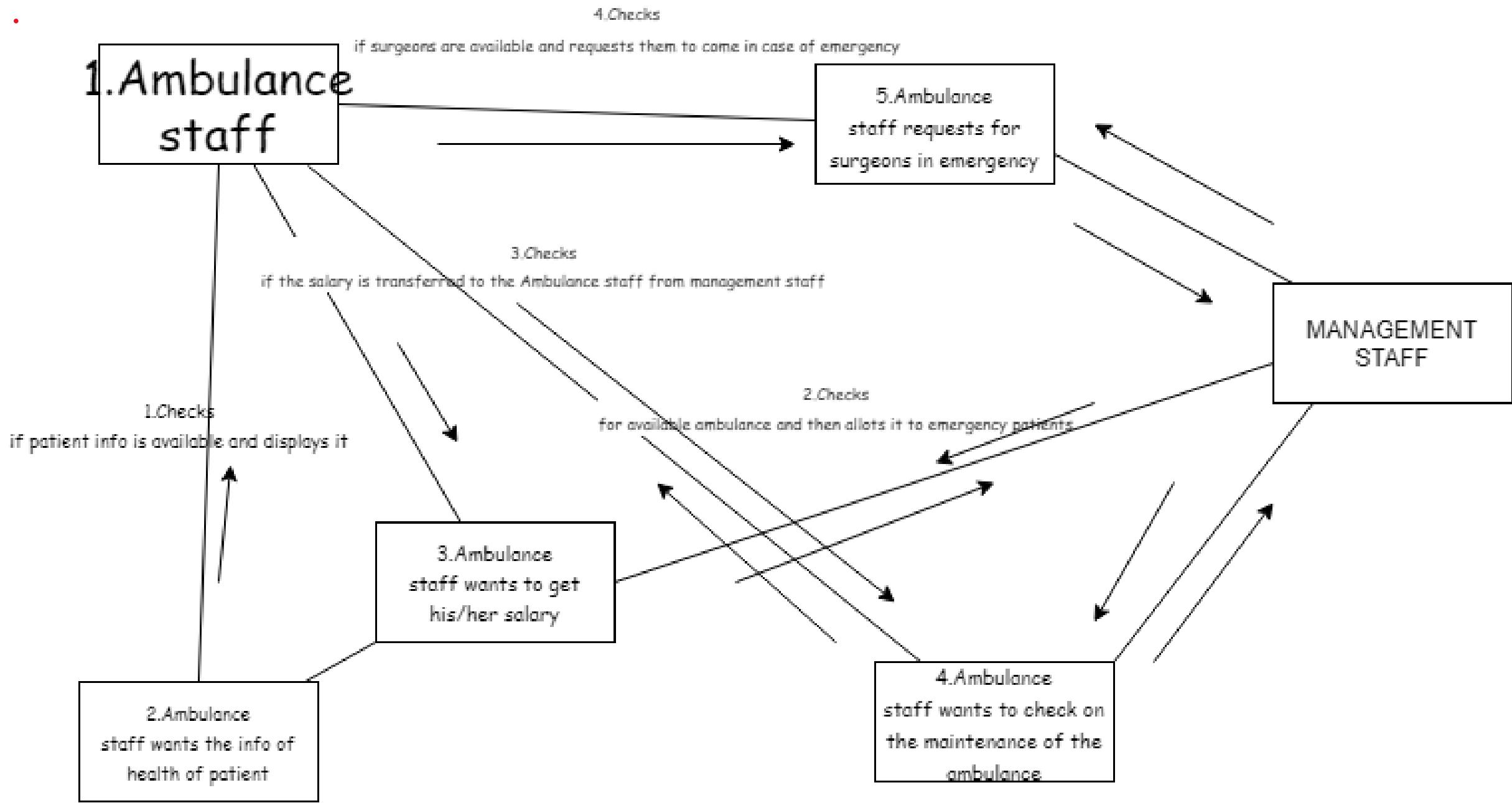
Medical College collaboration diagram

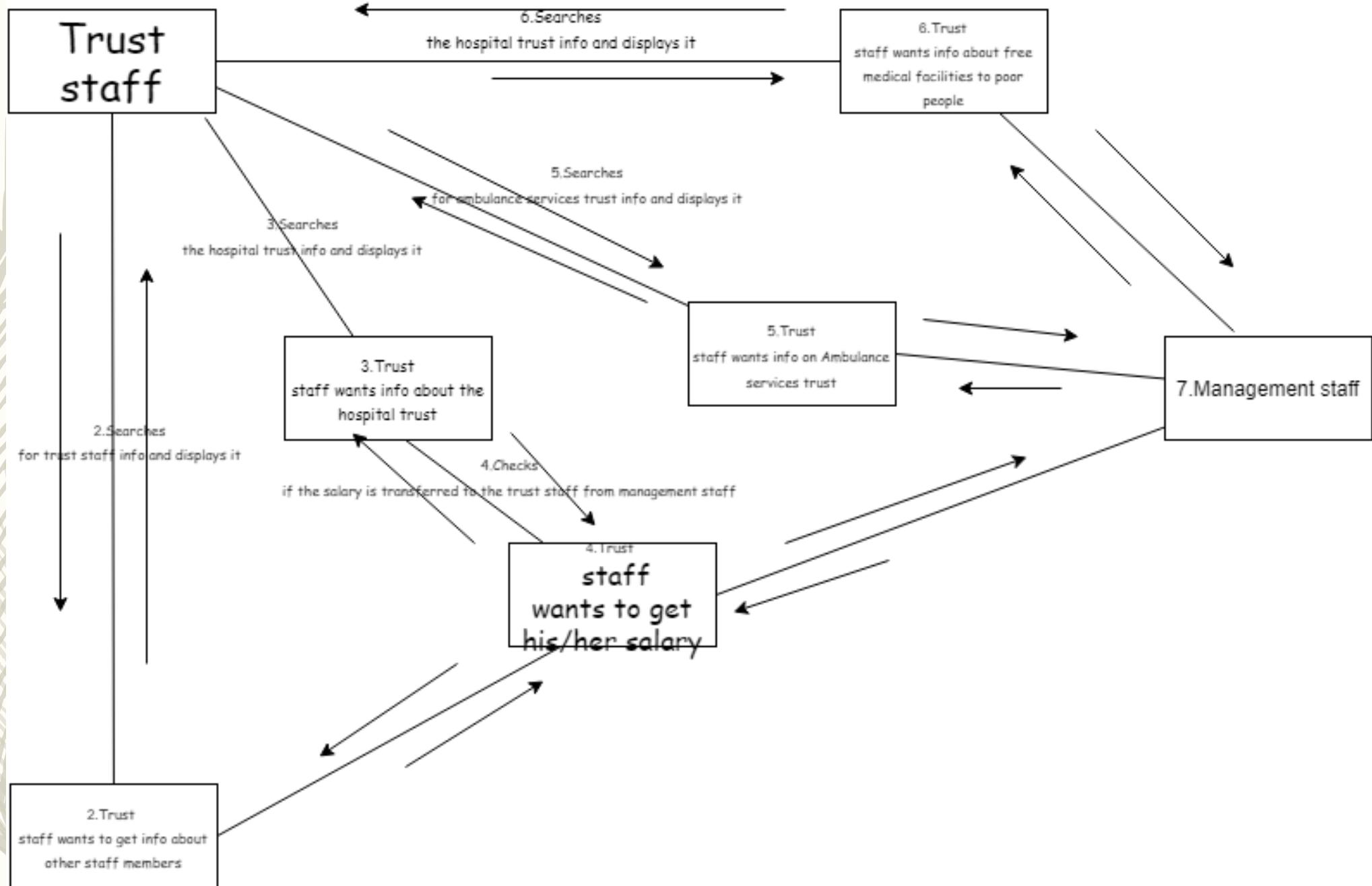


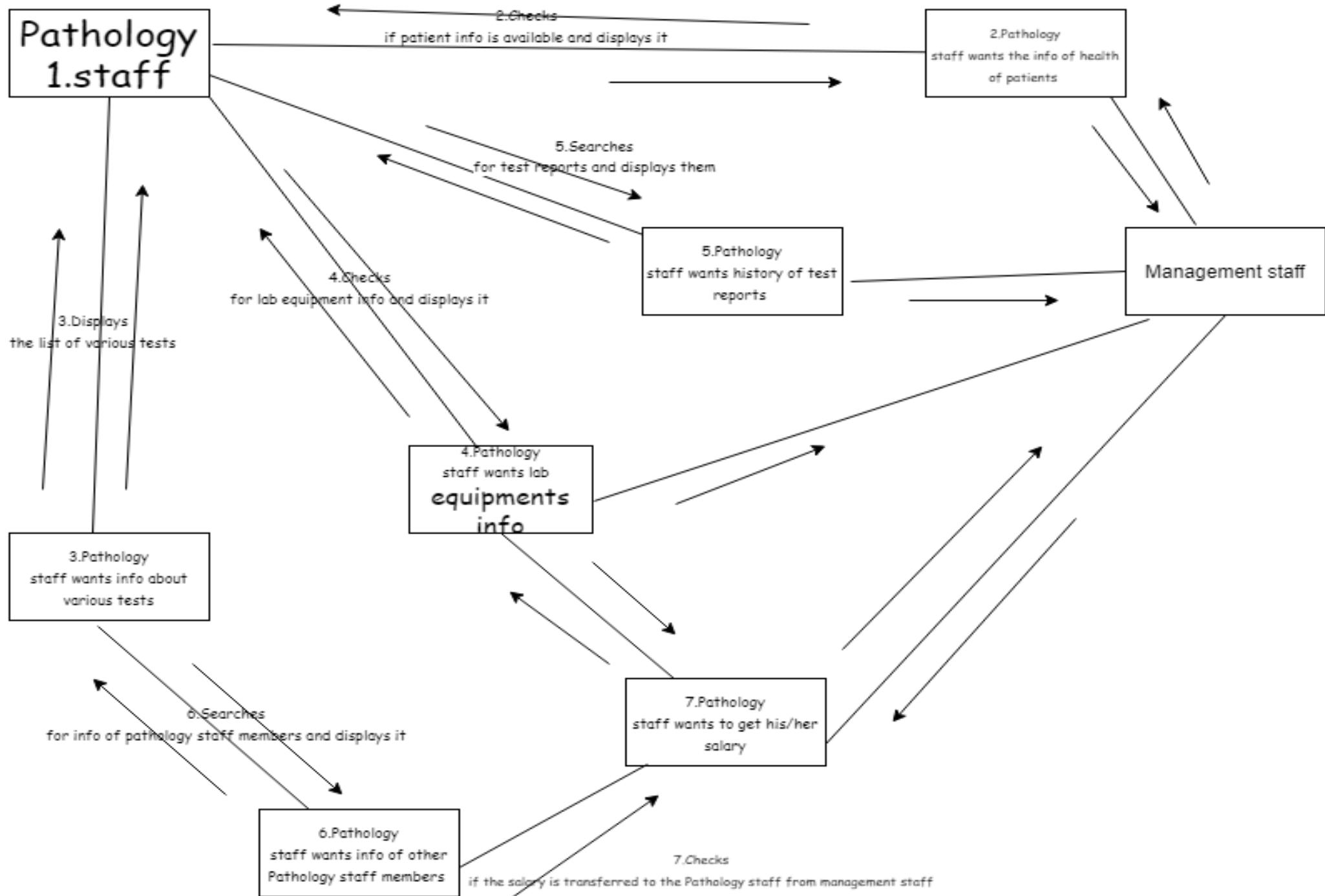


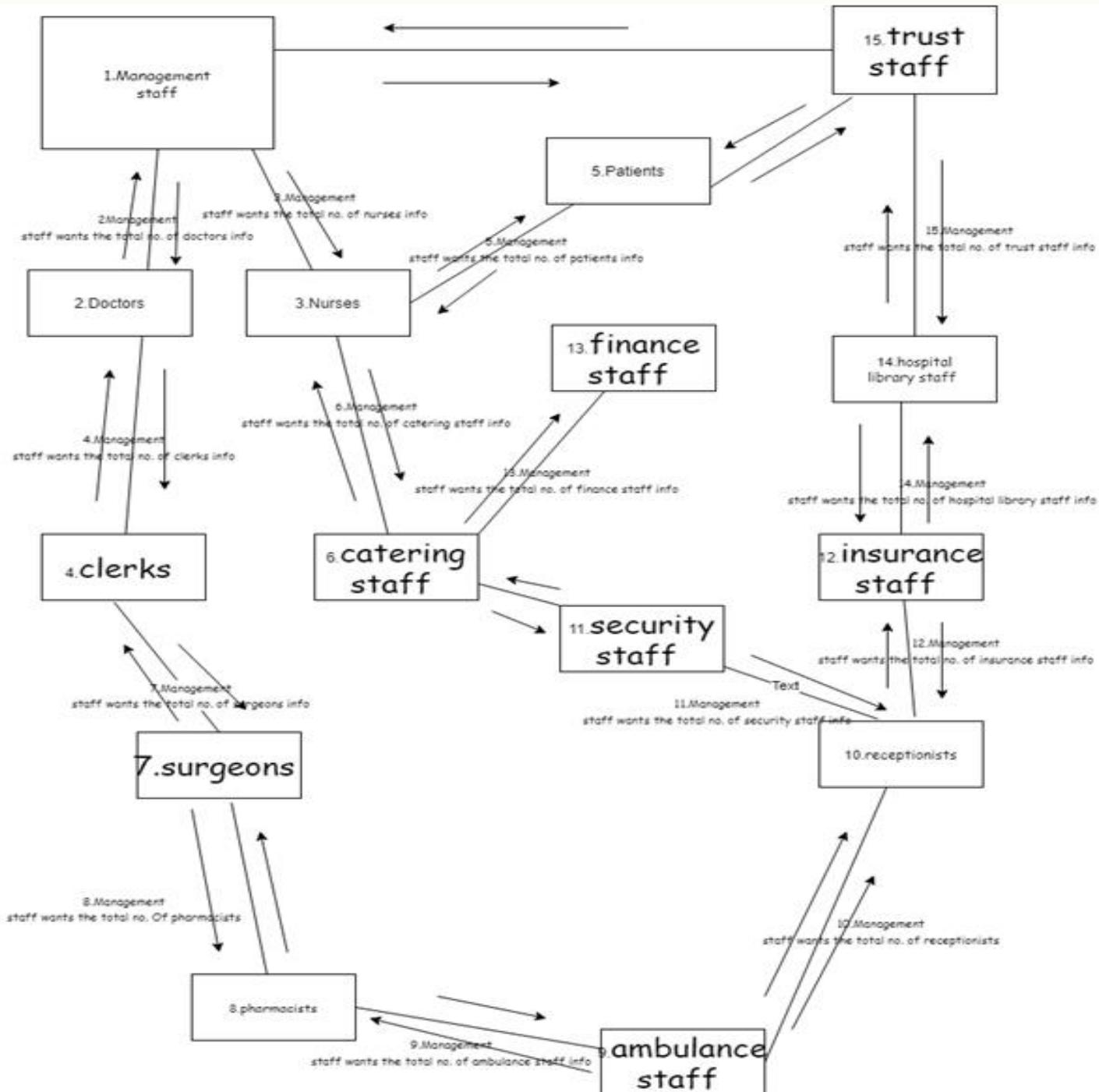












MODULES

MODULES(31)

--Specific section of data that performs certain functions which has an interface through which the stakeholders can use these functions --

- Appointment Management
- Patient Registration
- Out-Patient Management
- In-Patient Management
- Emergency Management
- Pathology Management
- Operation Management
- Pharmacy Management
- Canteen Management
- Blood Bank Management
- Human Resources Management
- Insurance Management
- Billing Management
- Feedback Management
- Finance Management
- Bio Medical waste Management
- Equipment Management
- Receptionist Management
- Management Staff Module
- Doctor Management
- Nurse Management
- Clerk Management
- Security Management
- Library Management

- 
-
- Government Certification
 - Vaccination module
 - Hospital Terms & Conditions
 - Morgue Management
 - Relation with multiple hospitals
 - Canteen Management



APPOINTMENT MANAGEMENT MODULE

- 1) BOOK AN APPOINTMENT (Patient)
- 2) CENTRALIZED ONLINE CALENDAR TO DISPLAY DOCTORS AVAILABLE TIME SLOTS (Receptionist)
- 3) SCHEDULE AND UPDATE APPOINTMENT TIMINGS (Nurse)
- 4) CHECK FOR AVAILABLE APPOINTMENTS (Doctor)
- 5) CANCELLED, RESCHEDULED AND NO-SHOW APPOINTMENTS (Receptionist, Patient, Doctor)
- 6) ONLINE MEET APPOINTMENTS (Doctor)

PATIENT REGISTRATION MODULE

- 1) FILL IN PERSONAL DETAILS (Patient)
- 2) FILL IN HEALTH DETAILS (Patient)
- 3) FILL IN INSURANCE INFORMATION (Patient)
- 4) ASSIGN UNIQUE PATIENT QR CODE (Receptionist)
- 5) CHECK PATIENT DETAILS (Receptionist)
- 6) VIEW PATIENT HEALTH DETAILS (Doctor)
- 7) UPDATE PATIENT HEALTH DETAILS (Nurse, Patient)
- 8) UPDATE PERSONAL INFO (Patient)



OUT-PATIENT MANAGEMENT MODULE

- 1) PATIENT HEALTH DETAILS (Patient, Doctor, Nurse)
- 2) CHECK DOCTORS INFORMATION (Patient)
- 3) NOTIFICATION FOR APPOINTMENT SCHEDULE (Doctor, Nurse, Patient)
- 4) LIST OF MEDICINES (Doctor)
- 5) PRESCRIBED MEDICINES DETAILS (Patient, Nurse)
- 6) REMINDER FOR MEDICINES (Patient)
- 7) LIST OF OUT-PATIENT APPPOINTMENTS EACH DAY (Receptionist, Doctor, Nurse)
- 8) ONLINE MEET CONSULTATION (Doctor, Nurse, Patient)

IN-PATIENT MANAGEMENT MODULE

- 1) PATIENT HEALTH DETAILS (Patient, Doctor, Nurse)
- 2) CHECK DOCTORS INFORMATION (Patient)
- 3) DOCTOR ASSIGNED TO PATIENT(Nurse)
- 4) NOTIFICATION FOR APPOINTMENT SCHEDULE (Doctor, Nurse, Patient)
- 5) CHECK BED AND ROOM AVAILABILITY (Patient, Nurse)
- 6) PRESCRIBED MEDICINES DETAILS (Patient, Nurse)
- 7) REMINDER FOR MEDICINES (Patient)
- 8) PATIENTS HEALTH DETAILS ON WRIST BAND (Patient, Nurse)
- 9) UPDATE PATIENT DAILY HEALTH DETAILS (Nurse)
- 10) ONLINE MEET CONSULTATION (Doctor, Nurse, Patient)
- 11) NOTIFICATION FOR ROOM SERVICE AND FOOD DELIVERY (Clerks)
- 12) DISCHARGE SUMMARY AT THE TIME OF DISCHARGE (Patients)



EMERGENCY MANAGEMENT MODULE

- 1) CALL FOR AMBULANCE (Patient)
- 2) PATIENTS PERSONAL AND HEALTH DETAILS (Patient, Ambulance staff, Doctors)
- 3) CHECK AMBULANCE AVAILABILITY AND DISPATCH AMBULANCE (Ambulance staff)
- 4) GPS TO TRACK AMBULANCE AND DISPLAY OPTIMISED ROUTED FROM HOSPITAL TO SOURCE AND VICE VERSA (Ambulance staff)
- 5) CHECK BED AND ROOM AVAILABILITY (Ambulance staff)
- 6) ACCIDENTS AND MEDICAL EMERGENCY INFO (Doctor, Ambulance staff, Nurse)
- 7) SURGEONS INFO FOR SURGERY (Ambulance staff, Surgeon)
- 8) ONLINE MEET CONSULTATION (Doctors, Surgeons)
- 9) UPDATE PATIENTS HEALTH DETAILS (Nurse)

PATHOLOGY MANAGEMENT MODULE

- 1) PATIENTS HEALTH DETAILS (Patient, Doctors, Pathology Staff)
- 2) PATIENTS MEDICAL HISTORY (Patient, Pathology Staff)
- 3) BOOK APPOINTMENT FOR TESTS (Patient)
- 4) LIST OF VARIOUS TESTS (Doctors, Pathology Staff)
- 5) LINK PATIENTS QR CODE WITH TEST BOTTLE (Pathology Staff)
- 6) UPLOAD PATIENTS TEST REPORTS (Pathology Staff)
- 7) VIEW RESULTS OF TEST REPORTS ONLINE (Patient, Doctor, Nurse)
- 8) PAY TEST BILL ONLINE (Patient)
- 9) LAB EQUIPMENTS INFO (Pathology Staff)

OPERATION MANAGEMENT MODULE

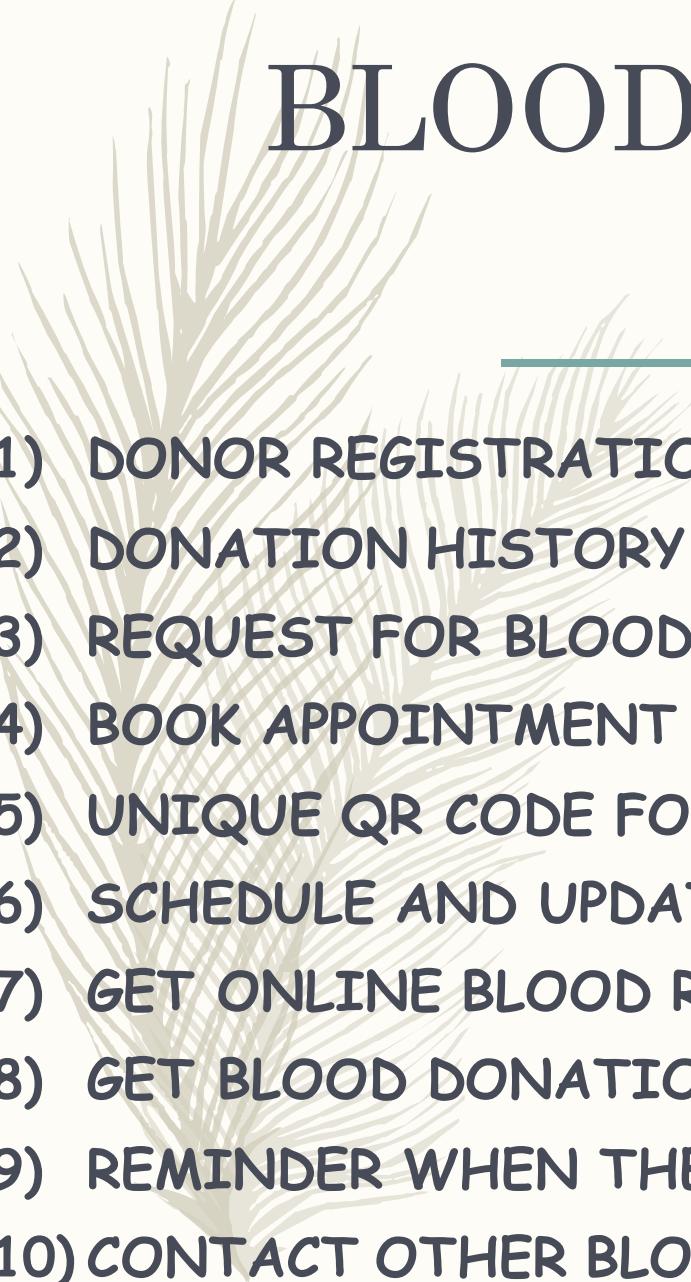
- 1) PATIENTS HEALTH DETAILS (Patient, Surgeons, Nurse)
- 2) PATIENTS MEDICAL HISTORY (Patient, Surgeon, Nurse)
- 3) BOOK APPOINTMENT FOR OPERATION (Patient)
- 4) SELECT WARD & ROOM NO (Patients)
- 5) UPLOAD PATIENTS TEST REPORTS (Pathology Staff)
- 6) OPERATION SCHEDULE REMINDER (Surgeon, Patient)
- 7) OPERATION EQUIPMENTS INFO (Clerk, Nurse)
- 8) REQUEST BLOOD FROM BLOOD BANK (Nurse)
- 9) SURGEON, ANESTHIST, NURSE DETAILS (Patient)
- 10) INFO ON DIFFERENT TYPES OF OPERATIONS (Surgeons)
- 11) MEDICINES PRESCRIBED BY SURGEON (Patient)
- 12) ONLINE MEET TO CONSULT OTHER SURGEONS (Surgeons)
- 13) OPERATION SIMULATION SOFTWARE (Virtual Reality) (Surgeons)

PHARMACY MANAGEMENT MODULE

- 1) PATIENTS HEALTH DETAILS (Patient, Pharmacy staff)
- 2) PATIENTS PRESCRIBED MEDICATION (Pharmacy staff)
- 3) ONLINE BILL PAYMENT (Patient)
- 4) MEDICINES DETAILS (Pharmacy staff)
- 5) EXPIRED MEDICINES REMINDER (Pharmacy staff)
- 6) MEDICAL EQUIPMENTS DETAILS (Pharmacy staff)
- 7) ONLINE ORDER OF MEDICINES (Patients)
- 8) APPLY FOR NEW STOCK OF MEDICINES (Pharmacy staff)
- 9) CHECK OT AVAILABILITY WITH TIME SLOT (Pharmacy staff)

CANTEEN MANAGEMENT MODULE

- 1) PATIENTS HEALTH DETAILS (Patient, Catering staff)
- 2) PATIENTS PRESCRIBED DIET (Catering staff)
- 3) CHECK ROOM FOOD DELIVERY (Catering staff)
- 4) ORDERING OF FOOD (Doctors, other staff)
- 5) REMINDER WHEN FOOD IS READY (Doctors, other staff)
- 6) ONLINE BILL PAYMENT (Doctors, other staff)
- 7) VARIOUS FOOD RECIPIES (Catering staff)
- 8) CHECK STOCK OF INGREDIENTS (Catering staff)
- 9) APPLY FOR NEW STOCK OF INGREDIENTS (Catering staff)
- 10) FEEDBACK ON THE QUALITY OF FOOD (Patients)



BLOOD BANK MANAGEMENT MODULE

- 1) DONOR REGISTRATION (Donors)
- 2) DONATION HISTORY (Donor)
- 3) REQUEST FOR BLOOD (Operation staff)
- 4) BOOK APPOINTMENT FOR HEALTH CHECKUP (Donor)
- 5) UNIQUE QR CODE FOR DONOR (Donor)
- 6) SCHEDULE AND UPDATE APPOINTMENT TIMINGS (Nurse)
- 7) GET ONLINE BLOOD REPORT (Donor)
- 8) GET BLOOD DONATION DRIVE UPDATES (Blood Bank staff)
- 9) REMINDER WHEN THERE IS SHORTAGE OF BLOOD (Blood Bank staff)
- 10) CONTACT OTHER BLOOD BANKS IN CASE OF EMERGENCY (Blood Bank staff)

HR MANAGEMENT MODULE

- 1) APPLY FOR JOB IN THE HOSPITAL (Doctors, other staff)
- 2) REQUEST FOR MEETING/INTERVIEW (Doctors, other staff)
- 3) PERSONAL DETAILS AND QUALIFICATIONS (Doctors, other staff)
- 4) DETAILS OF ALL THE STAFF IN THE HOSPITAL (HR)
- 5) SALARY OF ALL THE STAFF IN THE HOSPITAL (HR)
- 6) ATTENDANCE OF ALL THE STAFF IN THE HOSPITAL (HR)
- 7) REMOVE STAFF FROM THE HOSPITAL (HR)

INSURANCE MANAGEMENT MODULE

- 1) PATIENTS HEALTH AND MEDICAL HISTORY DETAILS (Insurance staff)
- 2) PATIENTS GETTING BENEFITS IN LOW COST (Insurance staff)
- 3) DETAILS OF PATIENTS FINANCIAL CONDITIONS UNDER INSURANCE (Insurance staff)
- 4) VARIOUS INSURANCE POLICY DETAILS (Patient)
- 5) REGISTER FOR INSURANCE POLICY (Patient)
- 6) MODIFY POLICY DETAILS (Insurance staff)
- 7) NOTIFICATION FOR NEW POLICIES AND UPDATES (Patient)

BILLING MANAGEMENT MODULE

- 1) IN-PATIENT OVERALL FACILITIES AND EXPENSES USED (Billing staff)
- 2) CREATE AND SEND PAYMENT INVOICE (Patients)
- 3) SENDING PAYMENT REMINDERS VIA EMAIL (Patients)
- 4) UPDATE PAYMENT STATUS (Billing staff)
- 5) CALCULATE SERVICE TAX (Billing staff)
- 6) ONLINE BILL PAYMENT (Patient)
- 7) RECEIPT OF BILL (Patient, Billing staff)
- 8) TRACK PENDING, CLOSED AND DELETED INVOICES (Billing staff)

FEEDBACK MANAGEMENT MODULE

- 1) HOSPITAL FEEDBACK FORM (Patient)
- 2) VIEW FEEDBACK GIVEN BY THE PATIENTS (Doctors, other staff)
- 3) PREPARE SPECIAL SURVEY TO CONDUCT FEEDBACK (Management staff)
- 4) GET REMINDER AND ALERTS FOR FEEDBACK (Management staff)

FINANCE MANAGEMENT MODULE

- 1) TOTAL INCOME PER DAY
- 2) TOTAL EXPENDITURE PER DAY
- 3) COST OF MEDICINES
- 4) COST OF MEDICAL EQUIPMENTS
- 5) OVERALL BUDGET DETAILS OF DIFFERENT DEPARTMENTS
- 6) FINAL PATIENT BILLING
- 7) SALARIES OF STAFF

EQUIPMENT MANAGEMENT MODULE

- 1) EQUIPMENTS DETAILS (Maintenance staff, Management staff, Equipment Dealers)
- 2) REMINDER FOR ROUTINE CHECKUPS OF CONTROL PANEL AND EQUIPMENTS FUNCTIONALITY (Maintenance staff)
- 3) REQUEST FOR EQUIPMENT REPAIRS (Management Staff)
- 4) UPDATES FOR NEW MODERN MEDICAL EQUIPMENT (Equipment Dealers)
- 5) ONLINE EQUIPMENT BILL PAYMENT (Finance staff)
- 6) BILLING HISTORY (Equipment Dealers, Management staff)

RECEPTIONIST MANAGEMENT MODULE

- 1) PATIENT REGISTRATION DETAILS
- 2) APPOINTMENT SCHEDULING
- 3) ROOM AVAILABILITY
- 4) ADMISSION DETAILS
- 5) DAILY ATTENDANCE
- 6) GENERATE PATIENT QR CODE
- 7) DISCHARGE BOOKING
- 8) FINAL BILLING
- 9) INSURANCE CLAIMS
- 10) UPDATE VISITORS INFORMATION

MANAGEMENT STAFF MODULE

- 1) UPDATE DETAILS OF STAFF EMPLOYEED IN THE HOSPITAL
- 2) UPDATE DETAILS OF MEDICINES AND EQUIPMENTS
- 3) CHECK DAILY ATTENDANCE
- 4) DETAILS OF STAFF ON LEAVE
- 5) SALARY OF STAFF
- 6) DETAILS OF INSURANCE OF EMPLOYEES
- 7) ONLINE MEETING WITH STAFF MEMBERS
- 8) ACCESS OF CCTV CAMERAS

DOCTOR MANAGEMENT MODULE

- 1) PATIENTS HEALTH DETAILS UNDER ME
- 2) APPOINTMENT AND OPERATION TIMINGS
- 3) LIST OF MEDICINES
- 4) INFORMATION OF OTHER DOCTORS IN THE HOSPITAL
- 5) TEST RESULTS OF PATIENTS UNDER ME
- 6) ACCESS TO SIMULATIONS OF VARIOUS OPERATIONS
- 7) ONLINE DOCTORS MEET WITH MANAGEMENT/PATIENTS/OTHER STAFF

NURSE MANAGEMENT MODULE

- 1) UPDATE ADMITTED PATIENTS HEALTH INFO
- 2) UPDATE APPOINTMENT AND OPERATION TIMINGS
- 3) UPLOAD PATIENTS TEST REPORTS
- 4) INFORMATION OF OTHER NURSES IN THE HOSPITAL
- 5) ONLINE MEET WITH DOCTORS/MANAGEMENT/OTHER STAFF
- 6) ACCESS TO SIMULATIONS OF VARIOUS OPERATIONS
- 7) PREPARE PATIENTS BILL AND MEDICATION

LIBRARY MANAGEMENT MODULE

- 1) BOOK CATEGORIES AND DETAILS (Patient, Students, Teachers, Doctors)
- 2) UPDATE BOOK INFORMATION (Librarian)
- 3) DETAILS OF EMPLOYEES ON BORROWING BOOKS (Librarian)
- 4) DETAILS OF BOOK ISSUE DATE, RETURN DATE AND OVERDUE DATE (Librarian)
- 5) REMINDER FOR BOOK RETURN (Student, Teachers, Doctors)
- 6) UPDATES ON NEWLY AVAIALABLE BOOKS (Librarian)
- 7) ONLINE BILL PAYMENT (Students, Teachers, Doctors)
- 8) REQUEST FOR NEW BOOKS (Students, Teachers, Doctors)

CLERK MANAGEMENT MODULE

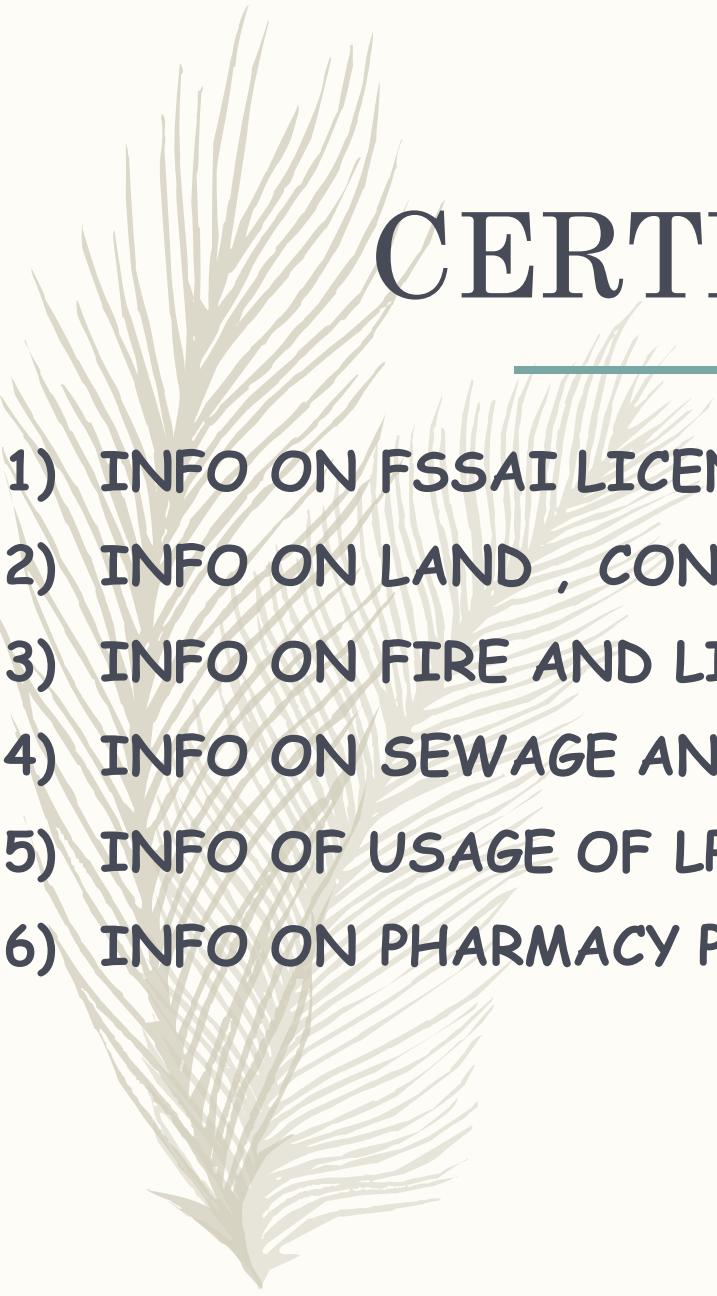
- 1) ROOMS TO BE CLEANED
- 2) SPECIAL PATIENTS REQUIREMENTS
- 3) CHECK EMAILS
- 4) INFORMATION OF OTHER CLERKS IN THE HOSPITAL
- 5) VISITORS INFORMATION

SECURITY MANAGEMENT MODULE

- 1) DETAILS OF ALL MEMBERS OF HOSPITAL
- 2) CCTV FOOTAGE
- 3) DETAILS OF DELIVERY OF MEDICAL EQUIPMENTS

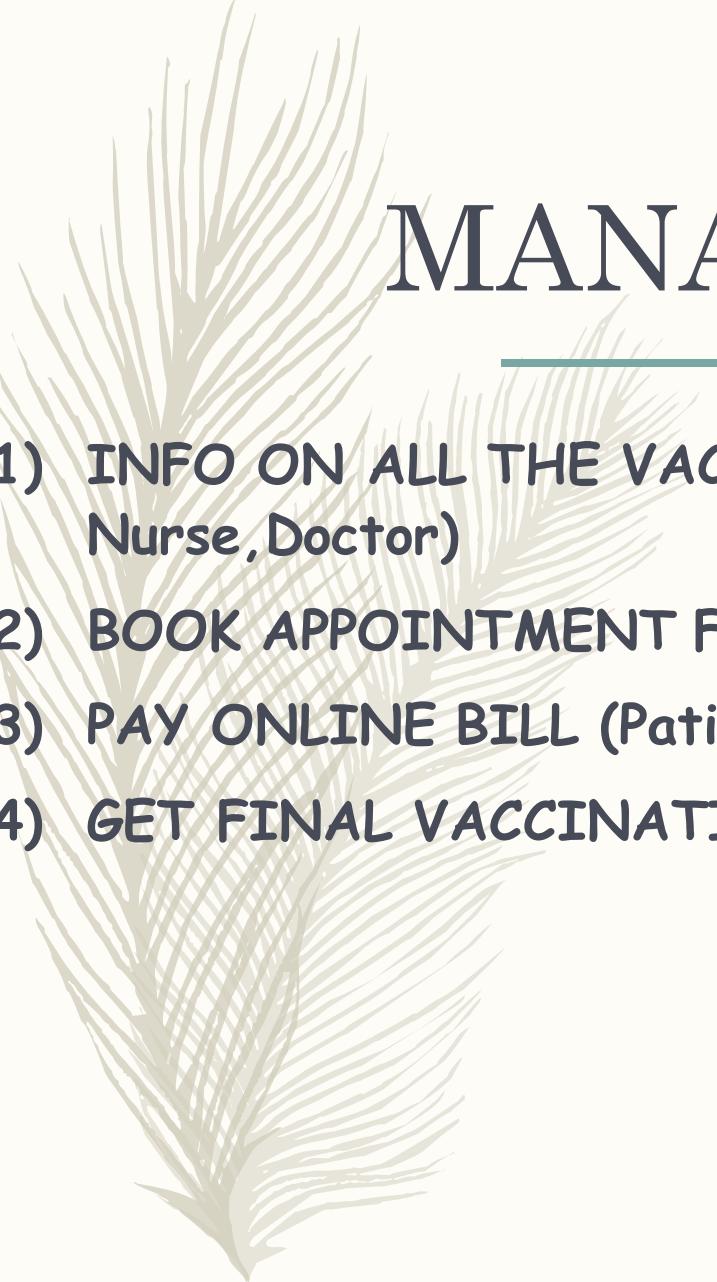
BIO MEDICAL WASTE MANAGEMENT MODULE

- 1) DETAILS ON ALL THE OBJECTS THAT FALL UNDER THE CATEGORY OF BIO MEDICAL WASTE IN ALL DEPARTMENTS OF THE HOSPITAL (Management staff)
- 2) CONTACTS FOR DISPOSAL OF BIO MEDICAL WASTE (Management staff)
- 3) REGULAR CHECKUP NOTIFICATION FOR MAINTENANCE OF EXISTING INCINERATORS TO BURN THE WASTE (Maintenance staff)
- 4) GENERAL INFO ON BIO MEDICAL WASTE (all staff)
- 5) FEEDBACK ON HOSPITALS BIO MEDICAL WASTE MANAGEMENT (Patient)



GOVERNMENT CERTIFICATION MODULE

- 1) INFO ON FSSAI LICENCE FOR OPERATING KITCHEN (All staff)
- 2) INFO ON LAND , CONSTRUCTION , ELECTRICITY , WATER PERMITS (All staff)
- 3) INFO ON FIRE AND LIFT PERMIT (All staff)
- 4) INFO ON SEWAGE AND MEDICAL WASTE PERMIT (All staff)
- 5) INFO OF USAGE OF LPG CYLINDER PERMIT
- 6) INFO ON PHARMACY PERMIT , AMBULANCE LICENCE



VACCINATION MANAGEMENT MODULE

- 1) INFO ON ALL THE VACCINATIONS AVAILABLE IN THE HOSPITAL (Patient, Nurse, Doctor)
- 2) BOOK APPOINTMENT FOR VACCINATION (Patient)
- 3) PAY ONLINE BILL (Patient)
- 4) GET FINAL VACCINATIONS DETAILS AND PRESCRIPTION (Patient)

HOSPITAL TERMS AND CONDITIONS MODULE

- 1) INFO ON THE TERMS AND CONDITIONS OF THE OVERALL HOSPITAL (All staff)
- 2) INFO ON THE TERMS AND CONDITIONS OF THE OPERATION SECTION (All staff)
- 3) INFO ON THE TERMS AND CONDITIONS OF THE CANTEEN (All staff)
- 4) INFO ON THE TERMS AND CONDITIONS OF THE LIBRARY (All staff)
- 5) INFO ON THE TERMS AND CONDITIONS OF THE PHARMACY (All staff)
- 6) INFO ON THE TERMS AND CONDITIONS OF THE LABORATORY (All staff)

MORGUE MANAGEMENT MODULE

- 1) PATIENTS PERSONAL INFO AND HEALTH INFO (Doctor, Management staff)
- 2) PATIENTS WARD INFO AND ROOM INFO
- 3) DEATH CERTIFICATE OF THE PATIENT
- 4) PATIENTS FINAL BILL
- 5) ONLINE BILL PAYMENT

EQUIPMENT MANAGEMENT MODULE

- 1) DETAILS ON ALL THE EQUIPMENTS IN THE HOSPITAL (Equipment Dealers, Management staff, Maintenance staff)
- 2) REMINDER FOR ROUTIENE CHECKUPS OF EQUIPMENTS (Maintenance staff)
- 3) REMINDER FOR NEED OF NEW EQUIPMENTS (Equipment Dealers, Management staff)
- 4) UPDATE INFO OF NEWLY COME EQUIPMENTS (Equipment Dealers)
- 5) BILL OF EQUIPMENTS (Equipment Dealers)
- 6) ONLINE BILL PAYMENT (Management staff)

CANTEEN MANAGEMENT MODULE

- 1) INFO ON THE ROOMS WHERE FOOD IS REMAINING TO BE DELIVERED (Canteen Staff)
- 2) MENU OF FOOD ITEMS (All staff)
- 3) INFO ON THE CANTEEN MEMBERS (All staff)
- 4) ONLINE BILL PAYMENT (All staff)

FORMS

148

APPOINTMENT MANAGEMENT

APPOINTMENT BOOKING FORM

Fill the form below and we will get back soon to you for more updates.

Full Name *

Gender *

Age

Phone Number *

 Area Code Phone Number

Date of Birth *

 Day Month Year

Address *

Street Address
Street Address Line 2 City State / Province Postal / Zip Code Please Select
Country

E-mail Address *

 ex: myname@example.com

Have you previously attended our facility *

Yes

No

If Yes, state on which condition and when?(Please Add Register Number)

Appointment Detail

Doctor,heath Detail ,Date and Time

Doctor Name(preferred)

First Name

Last Name

Please List-up about Health Details:-

Type here...

ex-- Fever,Diabetes,Presurestroke,etc

What type of Appointment Meet you want?

- Offline Meet
- Online Meet

What Type Of Appointment You Want?

Appointment Date and Time (Preferred)

03/16/2021

Tuesday, March 16



21:00

23:30

 America/New_York (GMT -04:00)

RESCHEDULED APPOINTMENT FORM

Patient Name

First Name

Last Name

Gender

 Please Select

Appointment Number (For Rescheduled Appointment)

Email

example@example.com

Phone Number

(000) 000-0000

Please enter a valid phone number.

Appointment Date & Time (Preferred)

03/17/2021						
March		2021				
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Wednesday, March 17

9:00 AM	10:00 AM
11:00 AM	2:00 PM
3:00 PM	4:00 PM

Asia/Kolkata (GMT+05:30) ▾

Submit

CANCELLED APPOINTMENT FORM

Patient Name

First Name

Last Name

Appointment Number (For Cancelling Appointment)

Phone Number

(000) 000-0000

Email

example@example.com

Please enter a valid phone number.

For what Reason are you Cancel a Appointment ?(Feed Back)

Type here...

Submit

ONLINE MEET APPOINTMENT FORM

Patient Name

First Name

Last Name

Email

example@example.com

Phone Number

Please enter a valid phone number.

Doctor Name(Preferred)

First Name

Last Name

For What You Need Online Appointment ? *

Type here...

Ex:- Consultant, Therapy, Imaging, etc

Appointment Time & Date(Preferred)

03/17/2021

March		2021				
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Wednesday, March 17

9:00 AM	10:00 AM
11:00 AM	2:00 PM
3:00 PM	4:00 PM

Asia/Kolkata (GMT+05:30) ▾

Submit

PATIENT REGISTRATION

PATIENT REGISTRATION FORM

Register Number *

Date

Date

-- PERSONAL INFORMATION --

Patient Name

First Name

Last Name

Birth Date

Age

Date

Gender

Blood Group

Ex: O+

Phone Number

Please enter a valid phone number.

Email

MARITAL STATUS

Married

Unmarried

Preferred Language

Occupation

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

SOCIAL SECURITY NO

PAN CARD

ADHAAR CARD

Upload Patient Profile



Browse Files

Drag and drop files here

-- RELATIVE INFORMATION --

Patient Relative Name

First Name

Last Name

Phone Number

(000) 000-0000

Age

ex: 23

Please enter a valid phone number.

Gender

Please Select

Email

example@example.com

Relation with Patient

Please Select

Preferred Language

Please Select

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

-PERSON RESPONSIBLE FOR BILL PAYMENT (PARENT/GUARDIAN)-

Name

First Name

Last Name

Phone Number

(000) 000-0000

Please enter a valid phone number.

Age

ex: 23

Gender

Please Select

Email

example@example.com

Relation with Patient

Please Select

Preferred Language

Please Select

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Occupation

Please Select**Submit**

Patient Health Details Form

NAME

AGE

BLOOD GROUP

Symptoms

ARE YOU CURRENTLY UNDER ANY OTHER MEDICATION

if yes then mention down

 Yes No

ARE YOU PROHIBITED FROM TAKING ANY PARTICULAR MEDICINE OR ANY KIND OF TREATMENT

if yes then mention down

 Yes No

IS THERE A CASE OF HEREDITARY HEALTH ISSUES IN YOUR FAMILY

if yes then mention down

 Yes No

DID YOU TAKE ANY COURSE OF ACTION FOR YOUR SYMPTOMS ON YOUR OWN WITHOUT CONSULTATION FROM A DOCTOR

if yes then mention down

 Yes No

DECLARATION THAT ALL INFORMATION PROVIDED BY ME SO FAR IS AUTHENTIC AND HOSPITAL WILL NOT BE RESPONSIBLE FOR ANY FALSE INFORMATION GIVEN BY HE PATIENT*

I agree to the terms of service.

SUBMIT FORM

INSURANCE REGISTRATION FORM

INSURANCE COMPANY NAME

POLICY/ID

GROUP

INSURANCE ADDRESS

CITY

REGION

SUBSCRIBER NAME

PHONE NO

DATE OF BIRTH

RELATIONSHIP WITH PATIENT

OCCUPATION

OTHERS

SECONDARY INSURANCE POLICY
(if any)

SUBSCRIBER PAN NUMBER

MM/DD/YYYY

DATE OF COMMENCEMENT OF 1ST INSURANCE

DO YOU HAVE ANY OTHER MEDICLAIM?

YES NO

PATIENT SIGNATURE

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment with respect to the claim, my right to claim reimbursement of the said expenses shall be absolutely forfeited.*

I agree to the terms of service.

SUBMIT FORM

Generate Unique QR Code For Patient



UPDATE PATIENT HEALTH DETAILS

Fill the form below and we will get back soon to you for more updates.

Patient Name *

 First Name Last Name

Gender *

Phone Number

 Area Code Phone Number

Health Issues *

Last Update Patient Date

 mm-dd-yyyy

Date

Today Date

 mm-dd-yyyy

Date

LAST OXYGEN LEVEL

 ex: 23

OXYGEN LEVEL

 ex: 23

LAST SUGAR LEVEL

 ex: 23

SUGAR LEVEL

 ex: 23

Last Recovery Rate

 ex: 3.5/5

Recovery Rate

 ex: 3.5/5

Did Patient Have any Side Effect of Medicine?

Yes

No

IF Yes, Then List-up Side Effect of Medicine

 Type here...

Submit Form

UPDATE PERSONAL INFORMATION

Patient Name

First Name

Last Name

Patient Re-name

First Name

Last Name

Update Information

Email

example@example.com

Update Email

example@example.com

Phone Number

Please enter a valid phone number.

Update Phone Number

Please enter a valid phone number.

Age

ex: 23

Update Age

ex: 23

Birth Date

Date

Update Birth Date

Date

Update Social Security Number

PAN CARD

ex: 23

Update PAN CARD

ex: 23

ADHAAR CARD

ex: 23

Update ADHAAR CARD

ex: 23

Submit

OUT PATIENT

UPDATE OUT-PATIENT HEALTH DETAILS

Fill the form below and we will get back soon to you for more updates.

Patient Name *

First Name

This field is required.

Last Name

Gender *

Phone Number

Area Code

Phone Number

Health Issues *

Last Update Patient Date



Date

Today Date



Date

LAST OXYGEN LEVEL

OXYGEN LEVEL

LAST SUGAR LEVEL

SUGAR LEVEL

Last Recovery Rate

Recovery Rate

Did Patient Have any Side Effect of Medicine?

Yes

No

IF Yes, Then List-up Side Effect of Medicine

Type here...

Submit Form

CHECK DOCTORS INFORMATION

SEARCH DOCTOR CATEGORY

SPECIALITY OF DOCTORS

Please Select

Doctor Name

First Name

Last Name

HOW MANY TREATMENT IS DONE ?

HOW MANY SUCCESS RATE OF TREATMENT ?

HOW MANY CHARGE FOR ONE TREATMENT ?

Submit

PRESCRIBED MEDICINES DETAILS

Patient Name

First Name

Last Name

HEALTH ISSUE

MEDICINES NAME

MEDICINES GET RECOVER THE PATIENT HEALTH

ex: 23

MEDICINES GET SIDE EFFECT TO PATIENT HEALTH

Type here...

Submit

ONLINE MEET CONSULTATION

PATIENT NAME

First Name

Last Name

Email

example@example.com

Phone Number

(000) 000-0000

Please enter a valid phone number.

ONLINE MEET DATE & TIME *

25/03/2021						
March			2021			
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Thursday, March 25



9:00 AM

10:00 AM

11:00 AM

2:00 PM

3:00 PM

4:00 PM

⌚ Asia/Kolkata (GMT+05:30)

ONLINE MEET JOIN

(NITIN)IN PATIENT

CHECK DOCTORS INFORMATION

Patient Health Details Form

NAME

AGE

BLOOD GROUP

Symtoms

ARE YOU CURRENTLY UNDER ANY OTHER MEDICATION

if yes then mention down

 Yes No

ARE YOU PROHIBITED FROM TAKING ANY PARTICULAR MEDICINE OR ANY KIND OF TREATMENT

if yes then mention down

 Yes No

IS THERE A CASE OF HEREDITARY HEALTH ISSUES IN YOUR FAMILY

if yes then mention down

 Yes No

DID YOU TAKE ANY COURSE OF ACTION FOR YOUR SYMPTOMS ON YOUR OWN WITHOUT CONSULTATION FROM A DOCTOR

if yes then mention down

 Yes No

DECLARATION THAT ALL INFORMATION PROVIDED BY ME SO FAR IS AUTHENTIC AND HOSPITAL WILL NOT BE RESPONSIBLE FOR ANY FALSE INFORMATION GIVEN BY HE PATIENT*

 I agree to the [terms of service](#).

SUBMIT FORM

Doctor Name

First Name

Last Name

Gender *

Marital Status *

 Married
 UnMarried

Doctor Email *

Department Name

Position in the Respective Department

Serving in hospital for __ Years ?

private clinic (if any)

Submit

DOCTOR ASSIGNED TO PATIENT

Patient Name

First Name Last Name

Doctor Name(Assigned for Patient)

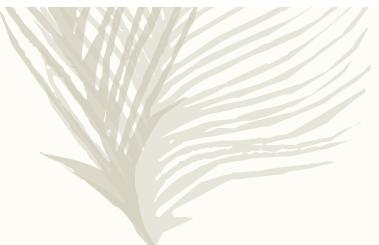
First Name Last Name

Diagnosis given by Doctor

Course of action given by Doctor

Medication Prescribed

Type here...



Routine Checkups Date

03/25/2021

March		2021				
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Thursday, March 25

9:00 AM	10:00 AM
11:00 AM	2:00 PM
3:00 PM	4:00 PM

Asia/Kolkata (GMT+05:30)

If Admitted Then

Ward Number

ex: 23

Room Number

ex: 23

Food and medicine timings

HH : MM

Hour Minutes

Details Of Surgery Of Operations

Type here...

Submit

NOTIFICATION FOR APPOINTMENT SCHEDULE:

Appointment Date and timings

04/08/2021						
April	2021					
SUN	MON	TUE	WED	THU	FRI	SAT
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Thursday, April 08
3:00 PM 4:00 PM

Asia/Kolkata (11:23 AM) ▾

Doctor in charge Name

First Name

Last Name

Patient Full Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

CHECK BED AND ROOM AVAILABILITY:

Private room or Generic ward :

available (yes or no)

Yes

No

If generic ward then ward no and bed

If yes then occupied by ___no of days in which the bed or room will be free near by room or bed (in ward) available (if any):

Type here...

Submit

Prescribed medicine details

List of medicines prescribed:

Type here...

If no, then buy it from outside the hospital:

Contact number of pharmacy *

(000) 000-0000

Prescription Photo

Drag and drop files

Browse Files

E-mail

ex: email@yahoo.com

example@example.com

Are medicines available in pharmacy:

Will you be willing to recommend us?

- Yes
- Maybe
- No

Total price of medicines including discount(if any)

<input type="checkbox"/>		Product Name Please enter a short description.	\$10.00
		Quantity <input type="button" value="1"/>	

Total \$0.00

list of date of Expiration of bought medicines :

Type here...

Submit

Reminder for medicines:

list of medicines:

My Products

Total \$0.00

Delivery Phone Number *

(000) 000-0000

E-mail

ex: email@yahoo.com

example@example.com

Refill required (yes or no)?

- Yes
- Maybe
- No

Home delivery or pick up from pharmacy

- Yes
- Maybe
- No

Details:

Submit

Credit Card

First Name Last Name

Credit Card Number Security Code

Expiration Month Expiration Year

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Please Select

Country

Patient health details on wrist band

First Name

Middle Name

Last Name

Age

Gender

Male Female Others

Date Admitted

Upcoming operations or Surgeries

Medicine Timing

Hours

Minutes

Food Preferences

Visitor Details

First Name

Last Name

Visiting Time

Hours

Minutes

Emergency Contacts

Heart Rate

ECG

Temperature

Blood Pressure

Send Message

Update patient daily health details

Name

E.g., John Doe

Any signs or symptoms of worsening

Change in temperature, bp, heart rate (if any)

Doctor round details (if any)

Change in Medication (if any)

Any emergency happened(if any)

Mental health report by psychiatric (if any)

SUBMIT

Online Meet Consultation

Date

24-03-2021

Name Of Patient

Existing or new patient (if new then enter fill up patient health registration form)

Name of Doctor

Reason for consultation

How you want your Consultation

Video Conference Chat

Platform available for online meet

Hospital Own app

Date and time for consultation

Date

Choose Date

Time

Hours

Minutes

E.g., 0

E.g., 0

A.

Recommended by (if any)

Payment

Credit/Debit

SUBMIT

Notification for service and food delivery Form

Date

24-03-2021

Patient Name

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Food Details

Food Items

Description

Quantity

Delivery Details

Delivery Location *

Please select

Room No *

Please Select

Ward No *

Please Select

Delivery Time

Hours

E.g., 08

Minutes

E.g., 00

AM

Submit

Instructions for meal to be prepared in a specific way (if any)

Discharge Summary

Date

25-03-2021

Patient Name

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Date of Admission

25-03-2021

Date of Discharge

25-03-2021

Nurse in Charge



Doctor in charge



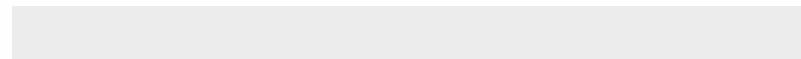
Ward no

Please select

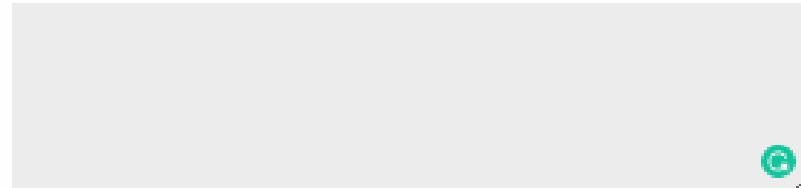
Bed No

Please select

Reason for Admission



Instructions given by doctor post discharge



Length of stay (in days and weeks)

E.g., 10



Future Appointments

Appointment Date

Choose Date

Appointment Time

Hours

E.g., 08

Minutes

E.g., 00

AM



Billing Summary

Payer Name

Eg. XXXX InsuranceCompany Ltd

Total Bill Amount



No of surgeries it operations performed surgeon in charge (if any)

E.g., 10

Submit

EMERGENCY MANAGEMENT

Call For Ambulance

Date

E.g., 25-03-2021

Person Details calling the ambulance

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Phone No *

E.g., +1 300 400 5000

Relation to Patient

Address

Street Address

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Patient Details

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Reason

Symptoms

Submit

Patient Personal and Health Details

Date

26-03-2021

Full Name

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Date of Birth

Choose Date

Age

Address

Street Address

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Phone No *

E.g., +1 300 400 5000

Alternate Phone No *

E.g., +1 300 400 5000

Email Address

E.g., john@doe.com

Best method for contacting you?

Please select

Used Ambulance

 Yes No

Person who contacted the ambulance

E.g., John Doe

Symptoms

Reason for calling the ambulance

Doctor assigned

Diagnosis given

Admitted

 Yes No

Room No

Please Select

Bed No

Please Select

Ward No

Please select

Discharged

 Yes No

Ambulance required

 Yes No

Submit

Date *

01-04-2021

Check Ambulance Availability And Dispatch

No of Ambulance Available *

E.g., text placeholder

No of Ambulance Engaged *

E.g., text placeholder

Total Ambulance Present *

E.g., text placeholder

List of drivers Available *

E.g., text placeholder

Name,Contact Number along with shift details

Ambulance caught in accidents *

E.g., text placeholder

If any

Ambulance request details *

E.g., text placeholder

Name of person calling and address

Ambulance assigned to patient along with address *

E.g., text placeholder

If any

GPS to track ambulance *

E.g., text placeholder

If any

Driver and staff assigned *

E.g., text placeholder

If any

Ambulance dispatched time *

E.g., text placeholder

If any

Total distance from patients house *

E.g., text placeholder

If any

Expected arrival to patients house *

E.g., text placeholder

If any

Actual Arrival Time *

E.g., text placeholder

If any

Delays *

E.g., text placeholder

If any then reason

Is the GPS Route Optimized

- Yes
- No

Total Distance in return journey *

E.g., text placeholder

Expected arrival time in hospital *

E.g., text placeholder

Submit



Date *

31 01-04-2021

Check Bed and Room Availability

Private Rooms Available *

E.g., text placeholder

Room no and Floor No

Wards and Beds Available *

E.g., text placeholder

Ward No,Bed No,Room no and Floor No

Emergency Beds available *

E.g., text placeholder

Doctors on standby to be assigned to patients coming in ambulance *

E.g., text placeholder

If no rooms available then send to another hospital *

E.g., text placeholder

If both private and ward are available to patients then give preference to patients choice *

E.g., text placeholder

Submit

Date *

28-03-2021

Accidents and Medical Emergency

Prefix

Mr.

Applicant First Name *

E.g., John

Applicant Middle Name *

E.g., Smith

Applicant Last Name *

E.g., Doe

Patient Email Address *

E.g., john@doe.com

Patient Phone Number *

E.g., +91 300 400 5000



Applicant Address *

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Gender *



Male



Female



Other

Aadhar Card Number *

E.g., text placeholder

PAN Number *

E.g., text placeholder

Upload Profile Photo *

Choose File

No file chosen

Upload Signature *

Choose File

No file chosen

Number of accidents occurred today in hospital

E.g., text placeholder

Details of Accidents Occurred

E.g., text placeholder

Names of people and Doctor assigned

Insurance of people

E.g., text placeholder

If Any

Accidents resulting death

E.g., text placeholder

If Any

Accepting terms and conditions *



I hereby declare that all the information provided here is best out of my knowledge and belief and I accept the terms, disclaimer and conditions.

Submit

Date *

28-03-2021

Surgeon Info Form

Prefix

Mr.

Surgeon First Name *

E.g., John

Surgeon Middle Name *

E.g., Smith

Surgeon Last Name *

E.g., Doe

Surgeon Email Address *

E.g., john@doe.com

Surgeon Phone Number *

E.g., +91 300 400 5000



Surgeon Address *

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Gender *



Male



Female



Other

Aadhar Card Number *

E.g., text placeholder

PAN Number *

E.g., text placeholder

Upload Profile Photo *

Choose File

No file chosen

Upload Signature *

Choose File

No file chosen

Department *

E.g., text placeholder

Type of Surgery *

E.g., text placeholder

Shift Timings *

E.g., text placeholder

Experience *

E.g., text placeholder

Accepting terms and conditions *

- I hereby declare that all the information provided here is best out of my knowledge and belief and I accept the terms,disclaimer and conditions.

Submit

online meet consultation

name of patient

existing or new patient (if new then enter fill up

patient health registration form

name of doctor

name of surgeon

surgery timings of the surgeon

reason for consultation

payment

Date and time for consultation

recommended by (if any)

platform available for online meet

video conference or chat

update patients health details

name

doctor in charge

change in bp, heart rate, ecg, temperature etc

wrist band assigned (yes or no)

any new symptoms or changes

course of diagnosis

medicine given (yes or no)

food given (yes or no)

room cleaned (yes or no)

doctor visitations

PATHOLOGY MANAGEMENT

patient health details form

full name

age/dob

gender

admission time and date (if admitted)

discharge date and time (if admitted)

doctor in charge

diagnosis

tests prohibited (if any)

details of each tests -

(name of test

date and time

pathologist in charge

staff present)

details of future tests or appointments

patients medical history

name

previous doctors (if any)

any family illness (by birth)

any childhood illness

past surgeries details

past operations details

details of any tests undergone (if any)

if yes then pathologist in charge of those tests
are you currently under medication

allergies (if any)

do you have insurance (if any)

Appointment Booking For Tests

Prefix

Mr. ▾

First Name

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Age

Blood Group

A+ A- B+
 B- AB+ AB-
 O+ O-

Name of the doctor treating you

Diagnosis

Appointment Date

24/03/2021

Appointment Time

Hours 0.. ▾ Minutes 0.. ▾ AM. ▾

DETAILS OF TEST TO BE TAKEN

Name of the test

Price

Availability

Name of the test

Price

Availability

List Of Various Tests

Tests Names

Abdominal MRI
Abdominal UltraSound
ABO Blood Typing
AIDS Test
Albumin Blood Test

Any other tests :

Pathologist Incharge

Back

Patients Test Reports

QR Code For Tests Bottles

Date

24/03/2021

Prefix

Mr.

First Name

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Name of Doctor treating you

Pathologist Name

Submit

Generate Unique QR Code For Patient



Prefix

Mr.

First Name

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Age

Blood Group

- A+
- A-
- B+
- B-
- AB+
- AB-
- O+
- O-

Name of the doctor treating you

Pathologist Incharge

DETAILS OF TEST TAKEN

Name of the test

Result

Price

Name of the test

Result

Price

Retest needed

- Yes
- No

Follow up required

- Yes
- No

Post Test Medical Prescription

Online bill payment

Submit



Lab Equipments Info

Date

 24/03/2021

DETAILS OF EQUIPMENTS

Name

Date of purchase

 31

Price

Name

Date of purchase

 31

Price

Name

Date of purchase

 31

Price

List of Damaged Equipments

Equipments needed to be repaired

List of equipments to be bought

Functionality of various equipments

[Back](#)

OPERATION MANAGEMENT

Patient Health Details Form

NAME

AGE

BLOOD GROUP

Please select

Symptoms

example:cough,cold,fever

ARE YOU CURRENTLY UNDER ANY OTHER MEDICATION

Yes No

if yes then mention down

ARE YOU PROHIBITED FROM TAKING ANY PARTICULAR MEDICINE OR ANY KIND OF TREATMENT

Yes No

if yes then mention down

IS THERE A CASE OF HEREDITARY HEALTH ISSUES IN YOUR FAMILY

Yes No

if yes then mention down

DID YOU TAKE ANY COURSE OF ACTION FOR YOUR SYMPTOMS ON YOUR OWN WITHOUT CONSULTATION FROM A DOCTOR

Yes No

if yes then mention down

DECLARATION THAT ALL INFORMATION PROVIDED BY ME SO FAR IS AUTHENTIC AND HOSPITAL WILL NOT BE RESPONSIBLE FOR ANY FALSE INFORMATION GIVEN BY HE PATIENT*

I agree to the [terms of service](#).

SUBMIT FORM

Operation Appointment Booking Form

Date

03-04-2021

Doctor's Name

My Doctor has explained to me that the following condition(s) exist in my case

I understand that the procedure(s) proposed for evaluating and treating my condition is/are:

Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures involve risks. These risks include allergic reaction, bleeding, blood clots, infections, adverse side effects of drugs, scarring (including keloid scarring – a type of scar which may extend beyond the dimensions of the original wound). I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers. Having read this form and talked with the physicians, my signature below acknowledges that: I voluntarily give my authorisation and consent to the performance of the procedure(s) described above by my physician and/or his/her associates assisted by medical centre personnel and other trained persons as well as the presence of observers.

Patient's (or person authorised to sign for patient) Signature

Patient's Signature

ERROR for site owner: Invalid site key



I have accurately and completely read the foregoing document to (patient or patient's legal representative), _____, in the patient's or legal representative's primary language, _____ (state the language). He or She Understood all of the terms and conditions and acknowledged his or her agreement by signing the document in my presence

tick if you agree

Submit

Medical History Form

Fill in our medical history form to receive a complete diagnosis of the symptoms you are experiencing. We will create your medical profile in our database and a doctor will contact you shortly for an appointment.

Date

17-03-2021

Name

Phone

What is your gender?

Male Female

If you are a woman, do you experience pregnancy at the moment?

Yes

Check the medical symptoms that you are currently experiencing:

Chest pain

Respiratory

Cardiovascular

Hematological

Lymphatic

Separate other symptoms by commas.

Check the conditions that apply to you or to any members of your immediate relatives

Asthma

Cancer

Cardiac disease

Diabetes

Hypertension

Complete your medical history background with information related to your origins

Diseases you had in childhood.

Chickenpox

Whooping cough

Erythema infectiosum

Three-day-fever (roseola infantum)

Hand, foot and mouth disease

Are you currently taking any medication? Please specify them here.

Do you have any allergies? Write them down here.

Separate allergies by commas.

Check if you are addicted to:

Cigarettes

Drugs

Alcohol

Caffeine

SEND

Operation Appointment Booking Form

Date

17-03-2021

Doctor's Name

My Doctor has explained to me that the following condition(s) exist in my case

I understand that the procedure(s) proposed for evaluating and treating my condition is/are:

Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures involve risks. These risks include allergic reaction, bleeding, blood clots, infections, adverse side effects of drugs, scarring (including keloid scarring – a type of scar which may extend beyond the dimensions of the original wound). I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers. Having read this form and talked with the physicians, my signature below acknowledges that: I voluntarily give my authorisation and consent to the performance of the procedure(s) described above by my physician and/or his/her associates assisted by medical centre personnel and other trained persons as well as the presence of observers.

Patient's (or person authorised to sign for patient) Signature

Patient's Signature

ERROR for site owner: Invalid
site key



reCAPTCHA

[Privacy](#) • [Terms](#)

I have accurately and completely read the forgoing document to (patient or patient's legal representative) _____ in the patient's or legal representative's primary language _____ (state the language). He or She Understood all of the terms and conditions and acknowledged his or her agreement by signing the document in my presence

tick you agree

Send

Lab Results

Specimen Number

Specimen description

Drawn Date and Time

Lab Test

Test Date and Time

Visit Number

Patient Name

Patient Phone Number

Age

Gender

 Male Female Other

Normal Range

Result

Unit Of Measurement

Report

Lab Technologist(Staff)

Select

PRIMARY DOCTOR

Result Flag

Upload

Operation Schedule Remainder

Date

17-03-2021

Patient Information

Patient Name

Sex

Male Female

Requested Date

Choose Date Hours Minutes AM

Patient Address

Apartment, suite, etc

City

 State

ZIP

 Country

Cellphone

 Home Phone

0 / 10

Marital Status

Single Married

Weight

Eg:70kg Height Eg:165cm

Emergency & Referral

Information about person to contact in case of an emergency

Name

Relationship with patient

Phone

Surgery Information

Date Of Procedure

Choose Date

Surgeon's Name

Surgeon's Number

Diagnosis

Procedure

Procedure Length

Preop testing

Yes No

Anesthesia type

General Mac Local Spinal

Pain Block

Yes No

Special Equipment

Medical History of Patient

Medical or surgical history, latex precaution or allergy, diabetes, seizures.. ?

Form Completed By

Date

Choose Date

E-Signature

Submit



OPERATION EQUIPMENT DETAILS form

Equipment Details

Sr.No	Equipment Name	Manufacturing Company	Equipment manufacture place	Quantity	Purchace Date	Warrenty
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

[Equipment Purchase Page----->](#)

Hospital Blood Request To Blood Bank Form

Date

03/17/2021

Patients Details

Name

Date Of Birth

Choose Date

Age

Gender

Male Female Transgender

Ward

Patient File No

Blood Bank No

History

Previous Pregnancies

Yes No

Previous Transfusion

Yes No

Blood Group(if known)

A+

Previous Reactions

Yes No

Reason For Transfusion

Request

Emergency (immediately)
 Urgent (within 1 hour)
 Standard (within 12 hours)
 Group & Save (within 7 days)

Packed Red Cells

in units

FFP

in units

Platelets

in units

Cryoprecipitate

in units

Whole Blood

in units

Date Required

Choose Date

Time Required

Hours
E.g., 01

Minutes
E.g., 01

A. ▾

Name Of Doctor

Signature

Doctor Mobile No

Date of request

Choose Date

Hours

Minutes

AM

▼

Submit

Surgeon Personal Details Form

Name

E.g., John Doe

Date Of Birth

Choose Date

Age

Gender

Male Female Transgender

Street Address

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

Select country

Phone

Email Address

Upload Photo

Choose File

No file chosen

Blood Group

A+ A- B+ B- AB+ AB- O+ O-

Aadhaar No

Pan No

Preferred Language

Marritual Status

Married Unmarried

Qualification

Experience(No of Years)

PREVIOUS POSITION

QUALIFICATION

SPECIALIZATION

Select

Worktype

Submit

ANESTHIST Personal Details Form

Name

E.g., John Doe

Date Of Birth

Choose Date

Age

Gender

Male Female Transgender

Street Address

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

Select country

Phone

Email Address

Upload Photo

Choose File

No file chosen

Blood Group

A+ A- B+ B- AB+ AB- O+ O-

Aadhaar No

Pan No

Preferred Language

Marital Status

Married Unmarried

Qualification

Experience(No of Years)

PREVIOUS POSITION

QUALIFICATION

SPECIALIZATION

Select

Worktype

Submit

Nurse Personal Details Form

Name

E.g., John Doe

Date Of Birth

Choose Date

Age

Gender

Male Female Transgender

Street Address

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

Select country

Phone

Email Address

Upload Photo

Choose File

No file chosen

Blood Group

A+ A- B+ B- AB+ AB- O+ O-

Aadhaar No

Pan No

Preferred Language

Marital Status

Married Unmarried

Qualification

Experience(No of Years)

PREVIOUS POSITION

QUALIFICATION

SPECIALIZATION

Select

Worktype

Submit

MEDICINES PRESCRIBED BY SURGEON FORM

This Form will be available in
application

Date Form Started

 17-03-2021

Name

Birth Date

 Choose Date

Phone Number

Street Address

=

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

Select country

Emergency Contact/Phone Number

Immunization Record

(record thr date/year of last dose taken,if Known)

Tetanus

Flu Vaccines

Pneumonia Vaccine

Hepatitis Vaccine

Others

AllergiesTo/Describe Reaction

Date

 Choose Date

Name Of Medication/Dose

Directions:

use Patient friendly directions

(Do not use medical abbreviations)

Date Stopped

 Choose Date

Notes Reason Taking/Doctor name

Send Message

INFO ON DIFFERENT TYPES OF OPERATIONS (Surgeons)

Bariatric Surgery

Breast Surgery

Colon and Rectal Surgery

Endocrine Surgery

General Surgery

Gynecological Surgery

Hand Surgery

Head and Neck Surgery

Hernia Surgery

Neurosurgery

Orthopedic Surgery

Ophthalmological Surgery

Outpatient Surgery

Pediatric Surgery

Plastic and Reconstructive Surgery

Robotic Surgery

Thoracic Surgery

Trauma Surgery

Urologic Surgery

Vascular Surgery

Minimally Invasive Surgery

OPERATION SIMULATION SOFTWARE (Virtual Reality)

Bellow are Some Effectuation surgery simulators

Which can be used by surgeons before Surgery

1)Surgery Squad

2)Buckingham Virtual Tympanum

3)Operate Now

4)Touch Surgery

PHARMACY MANAGEMENT

Patient Health Details Form

NAME

AGE

BLOOD GROUP

Symptoms

example:cough,cold,fever

ARE YOU CURRENTLY UNDER ANY OTHER MEDICATION

if yes then mention down

Yes No

ARE YOU PROHIBITED FROM TAKING ANY PARTICULAR MEDICINE OR ANY KIND OF TREATMENT

if yes then mention down

Yes No

IS THERE A CASE OF HEREDITARY HEALTH ISSUES IN YOUR FAMILY

if yes then mention down

Yes No

DID YOU TAKE ANY COURSE OF ACTION FOR YOUR SYMPTOMS ON YOUR OWN WITHOUT CONSULTATION FROM A DOCTOR

if yes then mention down

Yes No

DECLARATION THAT ALL INFORMATION PROVIDED BY ME SO FAR IS AUTHENTIC AND HOSPITAL WILL NOT BE RESPONSIBLE FOR ANY FALSE INFORMATION GIVEN BY HE PATIENT*

I agree to the terms of service.

SUBMIT FORM

Preview Custom Form - Book Appointment For Operation

Doctor's Name

My Doctor has explained to me that the following condition(s) exist in my case

I understand that the procedure(s) proposed for evaluating and treating my condition is/are:

Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures involve risks. These risks include allergic reaction, bleeding, blood clots, infections, adverse side effects of drugs, scarring (including keloid scarring – a type of scar which may extend beyond the dimensions of the original wound). I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers. Having read this form and talked with the physicians, my signature below acknowledges that: I voluntarily give my authorisation and consent to the performance of the procedure(s) described above by my physician and/or his/her associates assisted by medical centre personnel and other trained persons as well as the presence of observers.

Patient's (or person authorised to sign for patient) Signature

Patient's Signature

ERROR for site owner: Invalid site key



I have accurately and completely read the forgoing document to (patient or patient's legal representative) _____ in the patient's or legal representative's primary language _____ (state the language). He or She Understood all of the terms and conditions and acknowledged his or her agreement by signing the document in my presence

tick you agree

Send

MEDICINES PRESCRIBED BY SURGEON FORM

This Form will be available in
application

Date Form Started

 17-03-2021

Name

Birth Date

 Choose Date

Phone Number

Street Address

=

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

Select country 

Emergency Contact/Phone Number

Immunization Record

(record thr date/year of last dose taken,if Known)

Tetanus

Flu Vaccines

Pneumonia Vaccine

Hepatitis Vaccine

Others

AllergiesTo/Describe Reaction

Date

 Choose Date

Name Of Medication/Dose

Directions:

use Patient friendly directions

(Do not use medical abbreviations)

Date Stopped

 Choose Date

Notes Reason Taking/Doctor name

Send Message

Pharmacy Bill payment

Invoice Number

Eg:INV-#####

Date

17-03-2021

Patient Information

Patient Name

Phone

Street Address

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

Select country

Prescribing Physicians Information

Doctor's Name

Phone

Medical Equipment/Supply

Sr.No

Description

Quantity

Unit Price

Payment Method

Credit/Debit Card

Total Amount

Pay

MEDICINES DETAILS (Pharmacy staff)

Medicine Information

Sr.No	Medicine Name	Medicine manufacture place	Quantity	Manufacture Date	Expiry Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

EXPIRED MEDICINES REMINDER

Date

 05-04-2021

Name

Date of Purchase

 Choose Date

BELOW ARE MEDICINES WHOSE EXPIRES DATE IS OVER

Sr.No	Medicine Name	Manufacture Date	Expiry Date
1	Flagyl 400 Tablet	22/10/2020	10/3/2021
2	Medrol 4mg Tablet	10/4/2020	5/3/2021
3	Stugeron Tablet	14/3/2020	28/2/2021
4	Ivabrad 5 Tablet	15/8/2020	7/3/2021

Remainder Set

Date

 Choose Date

Hours

E.g., 01

Minutes

E.g., 01

A. 

Remainder me After

MEDICAL EQUIPMENT DETAILS form (Pharmacy staff)

Equipment Details

Sr.No	Equipment Name	Manufacturing Company	Equipment manufacture place	Quantity	Purchace Date	Warrenty
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

[Equipment Purchase Page----->](#)

APPLY FOR NEW STOCK OF MEDICINES(Pharmacy staff)

Medicine Information

Sr.No	Medicine Name	Manufacture Date	Expiry Date	Quantity	Unit Price	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Date Of Purchace

 05-04-2021

Total Amount

Payment Method

Credit/Debit Card

[Order](#)

ORDER MEDICINES(Patients)

Invoice Number

Date

31 17-03-2021

Patient's Info

Name

Phone

Street Address

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

Select country ▾

Prescribed Physician Info

Name

Phone

Medicine Information

Sr.No	Medicine Name	Manufacture Date	Expiry Date	Quantity	Unit Price	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Date Of Purchase

31 17-03-2021

Total Amount

Order

CANTEEN MANAGEMENT

Patient Health Details Form

NAME

AGE

BLOOD GROUP

Symptoms

example:cough,cold,fever

ARE YOU CURRENTLY UNDER ANY OTHER MEDICATION

Yes No

if yes then mention down

ARE YOU PROHIBITED FROM TAKING ANY PARTICULAR MEDICINE OR ANY KIND OF TREATMENT

Yes No

if yes then mention down

IS THERE A CASE OF HEREDITARY HEALTH ISSUES IN YOUR FAMILY

Yes No

if yes then mention down

DID YOU TAKE ANY COURSE OF ACTION FOR YOUR SYMPTOMS ON YOUR OWN WITHOUT CONSULTATION FROM A DOCTOR

Yes No

if yes then mention down

DECLARATION THAT ALL INFORMATION PROVIDED BY ME SO FAR IS AUTHENTIC AND HOSPITAL WILL NOT BE RESPONSIBLE FOR ANY FALSE INFORMATION GIVEN BY HE PATIENT*

I agree to the [terms of service](#).

SUBMIT FORM

Preview Custom Form - Book Appointment For Operation

Doctor's Name

My Doctor has explained to me that the following condition(s) exist in my case

I understand that the procedure(s) proposed for evaluating and treating my condition is/are:

Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures involve risks. These risks include allergic reaction, bleeding, blood clots, infections, adverse side effects of drugs, scarring (including keloid scarring – a type of scar which may extend beyond the dimensions of the original wound). I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers. Having read this form and talked with the physicians, my signature below acknowledges that: I voluntarily give my authorisation and consent to the performance of the procedure(s) described above by my physician and/or his/her associates assisted by medical centre personnel and other trained persons as well as the presence of observers.

Patient's (or person authorised to sign for patient) Signature

Patient's Signature

ERROR for site owner: Invalid site key



I have accurately and completely read the foregoing document to (patient or patient's legal representative) _____ in the patient's or legal representative's primary language _____ (state the language). He or She Understood all of the terms and conditions and acknowledged his or her agreement by signing the document in my presence

tick you agree

Send

Patient Diet Prescription Form

Please have this form completed and signed by a licensed physician for a patient with a disability or a medical/dietary need in order for a patient to receive modifications or substitutions to the regular hospital meals.

Date

17-03-2021

Patient's Name

Patient's Phone No

Date of Birth

Choose Date

Diagnosis

Guardian's Name

Guardian's Phone No

Describe the Patient

Disability Medical Condition

that requires the patient to have a special diet and the major life activity affected by the patient's disability or condition:

History of anaphylaxis reaction due to severe food allergy:

Yes No

If yes, please provide documentation

Choose File

No file chosen

History of allergy testing to indicate food allergy:

Yes No

Intolerance to foods? If yes, which foods?

List food(s) to be omitted from the diet and food(s) that may be substituted:

Omit

Alternative

Registered Dietitian consulting with the patient:

Name

Phone Number

Licensed Physician:

Phone Number

Licensed Physician:

Fax Number

Mailing Email Address

*Provider, Submit completed and signed prescription form to the Hospital Management

Submit

Food Order

Breakfast

Juices

- Orange
- Apple
- Cranberry
- Prune

Bakery

- Banana Bread
- Cream Bread
- Puff
- Bread Omlette

Milk

- NonFat Milk
- 2% Milk
- Whole Milk

Condiments

- Lemon
- Sugar
- Honey
- Jelly
- Cream Cheese
- Lite Cream Cheese
- Non-Dairy Creamer
- Magarine

Date

31 17-03-2021

Fruits

- Banana
- Apple
- Orange
- Fruit Yoghurt

Tea

- Regular
- Decaf
- Iced

Coffee

- Regular
- Decaf
- Iced

Hot Chocolate

- Regular
- Sugar Free
- Mocha Mix

Lunch

Soup

- Soup of the day
- Chicken Noodles
- Vegetable Broth
- Beef Broth

Radio

- Garden Patch Greens
- Gelatin Fruit Salad
- Fruit Yoghurt

Specials

- 3 Cheese Sandwich
- Egg salad Sandwich
- Garden Vegetable Lagagna

Desert

- Gelatin
- Ice Cream
- Custard
- Fresh Fruit

Milk

- NonFat Milk
- 2% Milk
- Whole Milk

Bakery

- White Roll
- Wheat Roll
- Melba Toast
- Flour Tortilla

Condiments

- Lemon
- Sugar
- Honey
- Jelly
- Cream Cheese
- Lite Cream Cheese
- Non-Dairy Creamer
- Magarine

Hot Chocolate

- Regular
- Sugar Free
- Mocha Mix

Tea

- Regular
- Decaf
- Iced

Order

Ordered Food is ready to be delivered

Sr.No	Food name	Quantity
1	Apple Juice	3
2	Dal Rice	4

Our Staff will be there with the order

Okk



Ordered Food is ready to be delivered

Sr.No	Food name	Quantity
1	Apple Juice	3
2	Dal Rice	4

Do you want food to be delivered to your Room

- Yes
 No

Our Staff will be there with the order

Okk,Thx

FOOD RECIPIES

- Veg
- Non-Veg

Choose the food you want to make then click to see the recipes

Veg Dishes

- tawa paneer masala
- Pav Bhaji
- Kadai Paneer
- Palao
- Rajma Chaval
- Dal
- kichadi
- Aaloo Paratha
- Palak Paneer
- Aaloo Paratha
- Soup

Non Veg Dishes

- Chicken tika
- Chicken Curry
- Fish Curry
- Fish Fry
- Chicken Biryani
- Chicken Fried Rice
- Fish Rice
- Fish Rice Chicken Soup
- Fried Chicken
- Prawn Curry
- Prawn Rice

Show The Recipe

Payment

Id Number

Day

Month

Year

Select Dish

Quantity

- 1
- 2
- 3
- 4

Total Amount

Payment

- Credit/Debit
- Net Banking
- Upi Apps
- Cash

Pay

Stocks Of Food Ingredients Form

Food Stocks Info

Last Inspected By

Date

 17-03-2021

Branch Name

Condiments

Name	Quantity
Pepper	10
Salt	12
Vinegar	11
Soy Sause	11
Ketchup(Tomato)	14
Mustard	13
Sugar	12
Bayleaves	123

Dairy

Name	Quantity
Cheese	20
Milk	30
Eggs	100
Yoghurt	3
Butter	32

Fruits

Name	Quantity
Apple	44
Banana	33
Guava	34
Grapes	34
Orange	13
Kiwi	11
Cherry	43
Peach	12

It Seem some of the stocks are low click the button below to order

 Order

Food Ingredients Order Form

Hospital name

Order Number

Vendor

Order Date

 05-04-2021

Phone/Fax#:

Date

 Choose Date

Ordered By

Invoice #:

Qty	Item Description	Code Code	Cost	Total
5	Tomatos(5kg)	4008	\$22.15	\$105.75
1	Garlic,Whole cloves	4008	\$11.50	\$11.50
2	Cooking Oil	4003	\$35.00	\$70.50
4	Spices(all)	4002	\$29.00	\$29.00
2	Rice 50kg	4008	\$40.00	\$80.00

Sales Tax

Total Amount

Payment Method

 Credit/Debit Card Order

FEEDBACK ON THE QUALITY OF FOOD

Date

31 17-03-2021

Name

E.g., John Doe

Email Address

E.g., john@doe.com

Day You Visited

Sunday

Date Visited

31 Choose Date

Time

Hours

E.g., 01

Minutes

E.g., 01

A. ▾

Dine In / Take Out

Dine In Take Out

Age

Food Quality

- Excellent
- Good
- Average
- Dissatisfied

Overall Service Quality

- Excellent
- Good
- Average
- Dissatisfied

Cleanliness

- Excellent
- Good
- Average
- Dissatisfied

Order Accuracy

- Excellent
- Good
- Average
- Dissatisfied

Speed Of Service

- Excellent
- Good
- Average
- Dissatisfied

Value

- Excellent
- Good
- Average
- Dissatisfied

Overall Experience

- Excellent
- Good
- Average
- Dissatisfied

Any Comments,questions or suggestion

Submit

BLOOD BANK

Blood Request Form

Hospital Name *

Date of Request

17-03-2021

Patient Details

Family Name *

Date of Birth

Gender

Choose Date

Select Gender

Given Name *

Ward

Select Ward

Hospital Reference No

Blood Group

E.g., text placeholder

Select Blood Group

Address

Street Address

E.g., 42 Wallaby Way

Apartment, suite, etc

City

State/Province

E.g., Sydney

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Group, screen and hold patient's serum

Provide Product

Patient History

Diagnosis

Antibodies

 Yes No

Reason for Transfusion

Previous Transfusion

 Yes No

Hemoglobin

Any Reactions

 Yes No

Relevant Medical History

Previous Pregnancies

 Yes No

Delivered To

Whole Blood

units

Red Cells

units

Plasma

Other

units

Name Of Doctor

E.g., John Doe

Upload Signature *

Choose File No file chosen

Request

Date Required

Choose Date

Time Required

Hours

E.g., 08

Minutes

E.g., 00

AM

Submit

IMPORTANT: If the request is urgent please phone the Blood Bank

Select the time range that be

Blood Donor Appointment Form

Date

18-03-2021

Full Name

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Gender *

Select Gender

Phone Number *

E.g., +1 300 400 5000

Date of Birth *

Choose Date

Address

Street Address

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Email Id *

E.g., john@doe.com

Appointment Date *

17-03-2021

Morning Afternoon Evening

Hours Minutes
01 00

Best method for contacting you?
Select

Have you ever visited us? *

Yes
 No

Upload Photo
 No file chosen

Generate Unique QR Code For Donor



Check Blood Report Form

View All Your Reports Here

Email *

ashreen@gmail.com

Password *

.....

[forgot your password?](#)

Captcha

AGHJK

Check Report

HR MANAGEMENT

Job Application Form

Personal Details

Full Name

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Gender *

Please Select

Marital Status

Please Select

Phone No *

E.g., +1 300 400 5000

Alternate Phone No *

E.g., +1 300 400 5000

Date of Birth *

Choose Date

Address

Street Address

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Email Id *

E.g., john@doe.com

Hobbies and Interests

Describe your Hobbies and interests.....

Expected CTC Salary/ Month:

E.g., 10

Upload Resume

Choose File

No file chosen

Upload Photo

Choose File

No file chosen

Upload Signature

Choose File

No file chosen

Academic Background

From/To

College/School

Exams

Results

Percentages

Past Employment or Experience

From/To

Employer

Job Title

Salary

Reason for Change

Position Applied For

Please Select

How did you hear about us?

Please Select

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Submit

Schedule a Meeting

Date

17-03-2021

Meeting Details

Meeting/Project Name

Date of Meeting *

Choose Date

Meeting Time

Hours

E.g., 08

Minutes

E.g., 00

AM



Location

Meeting Objectives

Attendees

Name

Department

E-mail

Phone

Meeting Agenda

Topic

Owner

Time

Preparation (documents/handouts to bring, reading material, etc.)

Description

Prepared by



Submit

Employee Termination Form

Date

17-03-2021

Employer's Name

Employee Name

Address

Street Address

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country ▾

Phone No

E.g., +1 300 400 5000

Social Security Number

Date Of Birth

Choose Date

Employee Signature

Choose File No file chosen

Date Singned

Choose Date

Termination of Employment

Please Select ▾

Reason of Termination

Date of Termination

17-03-2021

Employer Signature

Choose File No file chosen

Submit

INSURANCE MANAGEMENT

Do You Have Health Insurance?

Date

18-03-2021

Do you currently have health insurance, or not?

- Yes, I do
- No, I do not

Who pays for your health insurance? (Check all that apply)

- National government
- Current employer
- State government
- Former employer
- Local government
- Self funded
- Other

Which of the following services are covered, in total or in part, by your health insurance plan(s)? (Check all that apply)

- Inpatient mental healthcare
- Maternity care
- Hospital room and board
- Gynecological exams and services
- Outpatient mental healthcare
- Inpatient substance abuse detoxification
- Physical therapy

- Ambulance services
- Emergency room visits
- Vision services
- Dental services
- Sterilization
- Physician office visits
- Inpatient substance abuse rehabilitation
- Infertility treatment
- Outpatient substance abuse rehabilitation
- Organ and tissue transplantation
- Prescription drugs
- Durable medical equipment
- Diabetes care management
- Prosthetics
- Kidney dialysis

Why do you currently not have health insurance? (Check all that apply)

- Cannot afford insurance
- Do not believe in insurance
- Not eligible for employer-paid insurance
- Employer does not pay for insurance
- Do not need insurance
- Insurance company refused coverage for health reasons
- Dissatisfied with previous insurance plan or provider
- Other

Submit

Life-Insurance Quote Form

Tell Us About You

All information is kept in strict confidence.

Date

E.g., 18-03-2021

Full Name

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Address

Street Address

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country ▾

Phone Number

E.g., +1 300 400 5000

Email Address

E.g., john@doe.com

Date of Birth

E.g., Choose Date

Which Life Plan?

Please Select

Height

E.g., 10

Weight

E.g., 10

How much life insurance do you want us to quote?

Describe any health issues?

Existing Life Insurance?

Total life insurance on you right now?

E.g., 10

Are you planning on canceling any existing life insurance?

- Yes
- No

Do you have group life insurance through work?

- Yes
- No

Please add any additional comments or questions

Submit

Healthcare Expenses

Date

03/18/2021

Do you currently have health insurance, or not?

- Yes, I do
- No, I do not

Who pays for your health insurance? (Check all that apply)

- Local government
- State government
- National government
- Former employer
- Current employer
- Self funded
- Other

How much money, in U.S. dollars, do you spend on health insurance premiums, deductibles, copays, and co-insurance fees in a typical month?

Premiums:

Deductibles:

Copays:

Co-Insurance Fees:

How much money, in U.S. dollars, do you spend on healthcare in a typical month? (Count all healthcare-related costs, including health insurance premiums, deductibles, copays, co-insurance fees, and any other out-of-pocket expenses for medical, dental, or vision services and medications.)

In the last 12 months, has a lack of money kept you from going to the dentist, or not?

- Yes, it has
- No, it has not

In the last 12 months, has a lack of money kept you from going to the doctor, or not?

- Yes, it has
- No, it has not

In the last 12 months, has a lack of money kept you from getting a prescription filled, or not?

- Yes, it has
- No, it has not

Submit

ORGAN DONATION

Organ Donor Registration Form

Personal Details

Date

E.g., 03-19-2021

Full Name

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Gender *

Please Select

Marital Status

Please Select

Phone No *

E.g., +1 300 400 5000

Alternate Phone No *

E.g., +1 300 400 5000

Date of Birth *

E.g., Choose Date

Address

Street Address

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

ZIP / Postal Code

E.g., 2000

Email Address

E.g., john@doe.com

Last four digits of your Social Security Number (for ID verification purposes only) *

Medical Data

Vital Signs

Temperature
(C)

BP (mmHg)
(bpm)

Pulse Rate
(bpm)

Height (ft)

Weight (kg)

Blood Group

Please Select

Do you have any known allergies? If yes, then please mention below.

Are you currently taking medications? If yes, then please mention the medications and the reasons why are you taking them.

What is your current medical condition? Do you have any communicable disease, cardiovascular problems, diabetes, asthma etc.?

1

Previous hospitalization (Provide the reason and treatment)

2

Family History Illnesses

- Asthma
- Cardiovascular Disease
- Diabetes Mellitus
- Hypertension
- Tuberculosis
- Other

Organ Donation Details

Organs to be donated

- Liver
- Kidney
- Pancreas
- Heart
- Cornea
- Bone
- Lung
- Bone Marrow
- All of the above

Specific Purpose

- Medical Transplant
- Educational/Research
- Both Medical Transplant and Educational/Research

Acknowledgment and Terms

- I confirm that the information I provided in this form is true.
- I allow my organs to be donated for medical training, educational/research purposes.
- I acknowledge that I have to inform my family members about my organ donation decision.
- I confirm that I always need to keep the organ donor document that came with it.
- I allow my information to be submitted to donor registries.

Signature of Donor

No file chosen

Date Signed

Signature

Parent

Date Signed

Signature

Doctor

BILLING MANAGEMENT

Final In Patients Bill

Date

Prefix
▼

Middle Name

Last Name

Email Address

Phone

Aadhaar card no.

Blood Group
 A+ A- B+
 B- O+ O-
 AB+ AB-

Medication cost

Doctor charges

Hospital Stay cost

Other charges

Insurance payments

Total cost

Online Billing

Submit

Final Out Patients Bill

Date

Prefix
▼

Middle Name

Last Name

Email Address

Phone

Aadhaar card no.

Blood Group
 A+ A- B+
 B- O+ O-
 AB+ AB-

Medication cost

Doctor charges

Total cost

Online Billing

Submit

Final In Patients Bill

Date

31 16/03/2021

Prefix

Mr.

First Name

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Medication cost

Doctor charges

Hospital Stay cost

Other charges

Insurance payments

Total cost

Submit

Preview



Medical Equipments Bill

Date

31 16/03/2021

Equipment Name

Equipment Cost

Equipment Quantity

Equipment Discount

Total Cost along with GST

Back

Bill Receipt

Date

17/03/2021

Prefix

Mr.

First Name

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Medication cost

Doctor charges

Hospital Stay cost

Other charges

Insurance payments

Total cost

Payment

Done Not Done

Signature

FEEDBACK MANAGEMENT

Feedback form

Date

31 16/03/2021

YOU CAME IN AS A? *

Patient Relative Visitor

COMMUNICATION AND COURTEOUS BEHAVIOUR OF THE BILLING/RECEPTION COUNTER *

Excellent Good Could be better Bad

COMMUNICATION AND COURTEOUS BEHAVIOUR OF OUR DOCTORS *

Excellent Good Could be better Bad

COMMUNICATION AND COURTEOUS BEHAVIOUR OF OUR NURSES AND OTHER STAFF *

Excellent Good Could be better Bad

OVERALL HOSPITAL STAY

Excellent Good Could be better Bad

OVERALL HOSPITAL CLEANLINESS *

Excellent Good Can be better Bad

THE CANTEEN SERVICES

Excellent Good Can be better Bad

OUR RESPONSE TO YOUR CONCERN AND COMPLAINTS

Excellent Good Can be better Bad

WE WOULD LIKE YOUR VIEWS ON ANY IMPROVEMENTS TO BE MADE.....

Submit

Survey Form

WHICH CLINIC/HOSPITAL DO U GO FOR UR REGULAR CHECKUPS

WHAT BASIC FACILITIES DO U FIND THAT A HOSPITAL MUST HAVE

ANY DRAWBACKS OF YOUR PAST HOSPITAL EXPERIENCE

DO SUGGEST ANY EXTRA FEATURES/IDEAS WHICH CAN MAKE A HOSPITAL MORE EFFICIENT AND SAFE

ARE YOU COMFORTABLE WITH USING A TECNOLOGICAL INTERFACE OR DO YOU PREFER ALL THE INFORMATION WRITTEN ON PAPER

Submit

View Feedback Results

Filled by Patients :

Filled by Visitors :

Filled by Relatives :

5. Overall hospital cleanliness

Excellent

Good

Could be better

Bad

1. Communication and Courteous behaviour of the billing/receptionist counter

Excellent

Good

Could be better

Bad

6. The Canteen Services

Excellent

Good

Could be better

Bad

2. Communication and Courteous behaviour of our Doctors

Excellent

Good

Could be better

Bad

7. Our response to your concerns and complaints

Excellent

Good

Could be better

Bad

3. Communication and Courteous behaviour of our Nurses and other staff

Excellent

Good

Could be better

Bad

8. Improvements to be made

.....

4. Overall hospital stay

Excellent

Good

Could be better

Bad

5. Overall hospital cleanliness

Back

FINANACE MANAGEMENT

Total Income Per Day

IN - Patients

OUT - Patients

Pathology lab

Pharmacy

Donations

Operation

Total Income =

Choose to view previous days income

 16/03/2021

[Back](#)

Total Expenditure Per Day

Electricity Bill

Medical equipments bill

Medicines bill

Groceries bill

Maintainance and repairs bill

Salaries

Total Expenditure =

Choose to view previous days expenditure

 16/03/2021

[Back](#)

Cost Of Medicines

Medicine Name

Quantity

Cost

Discount

Previous Transactions

31 16/03/2021

Cost of medical equipments

Equipment name

Quantity

Cost

Discounts

Equipment name

Quantity

Cost

Discounts

Equipment name

Cost

Quantity

Discounts

Equipment name

Quantity

Cost

Discounts

Previous transactions

31 16/03/2021

Back

Back

Overall Budget

Pathology lab

Operation Theater

Pharmacy

Ambulance section

Library

Canteen

Total Budget

[Back](#)

Final In Patients Bill

Date

16/03/2021

Prefix

Mr.

First Name

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Email Address



Phone



Aadhaar card no.



Hospital stay cost



Medication cost



Doctor charges



Other charges



Insurance payments



Total cost



Payment



Done

Not Done

Final Out Patients Bill

Date

16/03/2021

Prefix

Mr.

First Name

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Email Address

Phone

Aadhaar card no.

Medication cost

Doctor charges

Other charges

Total cost

Back

Staff Salary

Date

16/03/2021

Prefix

Mr.

First Name

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Email Address

Phone

Aadhaar card no.

Work Type

Full Time Part Time

Shift Work

Working as :

Salary

Back

(KEVIN)BIO MEDICAL WASTE MANAGEMENT

Bio Medical Waste

Date

31 17/03/2021

Item

Quantity

Disposal

- Done
- Not Done

Item

Quantity

Disposal

- Done
- Not Done

Item

Quantity

Disposal

- Done
- Not Done

[Update](#)

Notification to dispose bio medical waste

Date selected for disposal

31 17/03/2021

Items to be disposed :

Item

Quantity

Disposal

- Done
- Not Done

Item

Quantity

Disposal

- Done
- Not Done

Item

Quantity

Disposal

- Done
- Not Done

[Back](#)

(HRITHIK)
EQUIPMENT
MANAGEMENT

Hospital Name

Eg SIES HOSPITAL

Name of Person InCharge

eg. John Doe

Street Address

E.g., 42 Wallaby Way

Lane

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Email Address

E.g., john@doe.com

Phone

E.g., +1 300 400 5000

Level 3:

3-10 business days. Date required by: DD /MM /YYYY

Level 2:

8-16 business hours*. A Level 2 order is only to be submitted if the patient's safety or mobility will be compromised .

Level 1:

within 8 business hours*. A Level 1 order is only to be submitted if the patient's safety or mobility will be at risk

Level Of Urgency

- Level 3:
- Level 2:
- Level 1:

Date

 Choose Date

Hours

01

Minutes

00

AM

Send Message

Hygiene Category

Product Category

Dimension, Product size and specifications

Bath Board

Small Medium Large

Quantity

Quantity

Quantity

Swivel Bath Seat

Small Medium

Quantity

Quantity

Bath transfer bench

Back rest Rail Left Right

Quantity

Quantity

Quantity

Shower chair

Adjustable With arms Bariatric

Quantity

Quantity

Quantity

Shower chair accessories

Specify

Quantity

Over-toilet surround (frame only)

Specify

Quantity

Over-toilet frame

Seat height available (49cm – 65)

Quantity

Toilet seat raiser

50,100,150mm with lid with arms

Quantity

Commode chair

Specify

Quantity

Urinals

Male Female

Quantity

Quantity

Personal Hygiene

Sponge Toe wiper Brush/comb

Quantity

Quantity

Quantity

Personal Hygiene

Sponge

Toe wiper

Brush/comb

Quantity

Quantity

Quantity

Shower hose – push on self-install

Single 1.25m

Single 2m

Double 1.25m

Quantity

Quantity

Quantity

Non-slip mats

Shower mat

Bath mat

Quantity

Quantity

Requires installation

Specify

Other HDEL items

Specify

Submit

Bedding Category

Date
01/04/2021

Other HDEL items

Specify

Product Category

Dimension, Product size and specifications

Submit

Bed raisers/blocks

- 40mm 100mm 140mm

Quantity

Quantity

Quantity

Bed sticks

- Single bed Double bed Both sides With return

Quantity

Quantity

Quantity

Quantity

Bed cradle

Specify

Quantity

Back supports/rests

Specify

Quantity

Over-bed or over-chair table

Specify

Quantity

Medical sheepskin

Specify

Quantity

Requires installation

Specify

Seating Category

Product Category

Dimension, Product size and specifications

Day Chairs

Low back High back Medium back Bariatric

Adjustable height

Quantity

Quantity

Quantity

Quantity

Stool

Kitchen With arms No arms specify height

Adjustable height

Quantity

Quantity

Quantity

Quantity

Foot stool/ leg rest

Adjustable 125mm Adjustable 200mm

Quantity

Quantity

Back and neck supports

Specify

Quantity

Chair raisers

40mm 100mm 140mm

Quantity

Quantity

Quantity

Date

01/04/2021

Chair raisers

40mm 100mm 140mm

Quantity

Quantity

Quantity

Cushions Under 500

Specify

Quantity

Other HDEL items

Specify

Submit

Household aids Category

Product Category

Dimension, Product size and specifications

Household cleaning

- Sweepers
- Mops
- Dusters
- Other, specify

Quantity

Quantity

Quantity

Quantity

Kitchen/ food trolley

- Wooden tray
- Plastic tray
- Laundry trolley

specify height:

Quantity

Quantity

Quantity

Quantity

Reaching aids

- Reaching aids
- Reaching aids short (<60cm)
- Reaching aids standard (55-70cm)
- Reaching aids medium (70-89cm)

Quantity

Quantity

Quantity

Quantity

Reaching aids long (+90cm)

Quantity

Adaptive kitchens aids

- Jar-opener
- Bottle-opener
- Can opener
- Food preparation system

Quantity

Quantity

Quantity

Quantity

Other Equipment List Items

Specify

Submit



Eating and Drinking aids Category

Date

31 01/04/2021

Product Category

Dimension, Product size and specifications

Eating and drinking

- Bowl Plate Cup

Quantity

Quantity

Quantity

Adaptive cutlery

- Fork Knife Spoon

Quantity

Quantity

Quantity

Non-slip mats (Dycem)

- Rectangular Round Large

Other Equipment List Items

Specify

Submit



Clothing and dressing aids category

Date
01/04/2021

Product Category

Dimension, Product size and specifications

Dressing/stocking aids

- Dressing/stocking aids Sock/stocking donner
 Elastic shoe laces Shoe horn Button hook

Quantity

Quantity

Quantity

Quantity

Dressing/stocking aids

Other, specify:

Quantity

Compression garments

- Closed toe Open toe Thigh length Socks

Quantity

Quantity

Quantity

Quantity

Compression garments

Gloves

Quantity

Cast/dressing protector

- Cast/dressing protector Upper limb Lower limb Short

Quantity

Quantity

Quantity

Quantity

Cast/dressing protector

Long

Quantity

Other Equipment List Items

Specify

Submit

Building fixtures category

Date

31 08/04/2021

Product Category

Dimension, Product size and specifications

Rails (includes installation)

Specify rail details

Quantity

Ramps/platform steps (includes installation)

Specify ramp/platform step detail

Quantity

Other Equipment List Items

Specify

Submit

Walking and mobility aids category

Product Category

Dimension, Product size and specifications

Walking/pick-up frame

2-wheel

3-wheel

4-wheel

Quantity

Quantity

Quantity

Axilla/underarm crutches

Specify

Quantity

Gutter frame / crutch

Specify

Quantity

Adjustable elbow/forearm crutches

Specify

Quantity

Date

08/04/2021

Walking stick adjustable

Specify

Quantity

Accessories for above:

Specify

Quantity

Other Equipment List Items

Specify

Submit



Lifting and transfer category

Date

 08/04/2021

Product Category

Dimension, Product size and specifications

Transfer belt

Specify

Quantity

Quantity

Transfer board

Specify

Swivel transfer aids

Specify

Quantity

Quantity

Transfer pads, sheets and tubes:

Specify

Quantity

Quantity

Other Equipment List Items

Specify

Submit

Small stock category

Product Category

Dimension, Product size and specifications

Theraband

Colour

Quantity

Hand Putty

Colour

Quantity

Digiflex

Colour

Quantity

Braces and supports

Specify

Quantity

Date

08/04/2021

Scar management

Kelo-cote scar gel 6g

Mepiform 4cm X 30cm

Mini massager

Quantity

Quantity

Quantity

Other Equipment List Items

Specify

Submit

Hire

Hospital Name

Eg SIES HOSPITAL

Name of Person InCharge

eg. John Doe

Street Address

E.g., 42 Wallaby Way

Lane

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country ▾

Email Address

E.g., john@doe.com

Phone

E.g., +1 300 400 5000

Hire period:

30 days post-discharge date only

Additional Hire required

Specify

weeks

- 2 weeks
- 4 weeks
- 6 weeks
- 8 weeks

Hire period start Date

 Choose Date

Hours

01 ▾

Minutes

00 ▾

AM ▾

Hire period end Date

 Choose Date

Wheelchair standard/manual

Self-propel ▾

Wheelchair accessories hire only

Elevating leg rest ▾

Knee scooter hire only

Specify

Portable ramps hire only

Specify Type and Length

Chair – adjustable hire only

Specify Type

Pressure cushion hire only

Easy Size

Other HDEL items

Specify

Send Message

(RAIN)
GOVERNMENT
CERTIFICATION

Electricity Registration Form

Prefix

Applicant First Name *

Applicant Middle Name *

Applicant Last Name *

Applicant Email Address *

Applicant Phone Number *

Applicant Address *

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

Gender *

Male Female Other

Aadhar Card Number *

Bank Passbook *

PAN Card *

Upload Profile Photo *

Choose File No file chosen

Upload Signature *

Choose File No file chosen

Domestic Electricity Installation

Design of Electricity Installation *

Inspection and Testing *

Accepting terms and conditions *

I hereby declare that all the information provided here is best out of my knowledge and belief and I accept the terms,disclamer and conditions.

Submit

Fire Certificate Form

Prefix

Mr.

Applicant First Name *

E.g., John

Applicant Middle Name *

E.g., Smith

Applicant Last Name *

E.g., Doe

Applicant Email Address *

E.g., john@doe.com

Applicant Phone Number *

E.g., +91 300 400 5000



Applicant Address *

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country ▾

Gender *

 Male Female Other

Aadhar Card Number *

E.g., text placeholder

PAN Card *

E.g., text placeholder

Upload Profile Photo *

Choose File

No file chosen

Upload Signature *

Choose File

No file chosen

Postal Address of Premises *

E.g., text placeholder

Details of Premises *

E.g., text placeholder

Use of Premises *

E.g., text placeholder

Floor in building on which premises situated *

E.g., text placeholder

Number of persons employed to work in premises *

E.g., 10

Total no of floors in building *

E.g., 10

Total Number of Basements in building *

E.g., 10

Total Number of rooms in building *

E.g., 10

Nature and Quantity of any explosive or highly flammable material stored or in use under the premises *

Yes/No

Fire Fighting Equipments available in premises *

 Hosereels Portable Fire Extinguisher Sand/Water Buckets/Fire Blanket

Inspection and Testing *

E.g., text placeholder

Accepting terms and conditions *

 I hereby declare that all the information provided here is best out of my knowledge and belief and I accept the terms,disclaimer and conditions.

Submit

Lift Registration Form

Prefix

Mr.

Applicant First Name *

E.g., John

Applicant Middle Name *

E.g., Smith

Applicant Last Name *

E.g., Doe

Applicant Email Address *

E.g., john@doe.com

Applicant Phone Number *

E.g., +91 300 400 5000 

Applicant Address *

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Gender *

Male Female Other

Aadhar Card Number *

E.g., text placeholder

PAN Card *

E.g., text placeholder

Upload Profile Photo *

No file chosen

Upload Signature *

No file chosen

Competant Authority *

Cheif Engineer

Stage *

Pre commisioning stage

Department *

Pre commisioning stage

Inspection and Testing of Lift *

E.g., text placeholder

Maintainence of Lift *

E.g., text placeholder

Installation Approval of Lifts *

4 weeks 7 weeks 11 weeks

- Documents required for Lift Installation *
- Application on a prescribed A form Drawing of Lift Installations
- Attested copies of experience certificates
- Original Treasury receipt
- Signed Application by Employer/Magistrate/Gazetted Officer/Mp
- Two self attested stamped envelopes

Accepting terms and conditions *

I hereby declare that all the information provided here is best out of my knowledge and belief and I accept the terms,disclaimer and conditions.

Sewage and Medical Waste Registration Form

Prefix

Mr.

Applicant First Name *

E.g., John

Applicant Middle Name *

E.g., Smith

Applicant Last Name *

E.g., Doe

Applicant Email Address *

E.g., john@doe.com

Applicant Phone Number *

E.g., +91 300 400 5000



Applicant Address *

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Gender *

Male Female Other

Aadhar Card Number *

E.g., text placeholder

PAN Card *

E.g., text placeholder

Upload Profile Photo *

Choose File

No file chosen

Upload Signature *

Choose File

No file chosen

Septic Tank Size *

in gallons

Aerobic Sewage Tank Model *

Configuration Type

Separate Washer Lines *

If used then width height in linear feet

Category wise quantity of Bio-Medical Waste generated *

E.g., text placeholder

Which type of Bio Medical Waste is generated *

- Human Anatomical Waste
- Animal Waste
- Microbiology and Biotechnological waste

Survey of waste generated *

E.g., text placeholder

Segregation of waste generated in hospital *

- | | |
|---|---|
| <input type="checkbox"/> Chemical Waste | <input type="checkbox"/> Pharmaceutical Waste |
| <input type="checkbox"/> RadioActive Waste | <input type="checkbox"/> Anatomical Waste |
| <input type="checkbox"/> Biohazardous Waste | <input type="checkbox"/> Infectious Medical Waste |

Accepting terms and conditions *

- I hereby declare that all the information provided here is best out of my knowledge and belief and I accept the terms, disclaimer and conditions.

Submit

LPG Cylinder Registration Form

Prefix

Mr.

Applicant First Name *

E.g., John

Applicant Middle Name *

E.g., Smith

Applicant Last Name *

E.g., Doe

Applicant Email Address *

E.g., john@doe.com

Applicant Phone Number *

E.g., +91 300 400 5000

Applicant Address *

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Gender *

Male Female Other

Ration Card Number *

E.g., text placeholder

Aadhar Card Number *

E.g., text placeholder

Bank Passbook Number *

E.g., text placeholder

Upload Profile Photo *

Choose File No file chosen

Upload Signature *

Choose File No file chosen

Agency Name *

Bharat Gas Indian Gas HP Gas Reliance Gas

Cast *

General OBC ST/SC

Dealer Type *

Urban Vitrak Gramin Vitrak Durugam Kshetriya Vitrak

Accepting terms and conditions *

I hereby declare that all the information provided here is best out of my knowledge and belief and I accept the terms,disclamer and conditions.

Submit

Pharmacy Registration Form

Prefix

Mr.

Applicant First Name *

E.g., John

Applicant Middle Name *

E.g., Smith

Applicant Last Name *

E.g., Doe

Applicant Email Address *

E.g., john@doe.com

Applicant Phone Number *

E.g., +91 300 400 5000



Applicant Address *

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Gender *

Male Female Other

Aadhar Card Number *

E.g., text placeholder

PAN Number *

E.g., text placeholder

Upload Profile Photo *

Choose File No file chosen

Upload Signature *

Choose File No file chosen

Type Of Pharmacy *

Hospital Pharmacy Standalone Pharmacy
 Chain Pharmacy Township Pharmacy

Drug License *

Retail Drug License Wholesale Drug License

Documents required for Registration *

Application Forms Challan of Fee Deposit
 Declaration Form Site Plan Key Plan
 Proof Of Ownership of the premises
 Proof Of Constitution Of Firm
 Affidavit of non-conviction of Partners/Proprieter/Directors
 Bio-Data Form Affidavit of Registered Pharmacist

Accepting terms and conditions *

I hereby declare that all the information provided here is best out of my knowledge and belief and I accept the terms,disclaimer and conditions.

Submit

Ambulance Registration Form

Prefix

Applicant First Name *

Applicant Middle Name *

Applicant Last Name *

Applicant Email Address *

Applicant Phone Number *

Applicant Address *

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

Gender *

Male Female Other

Aadhar Card Number *

E.g., text placeholder

PAN Number *

E.g., text placeholder

Upload Profile Photo *

Choose File

No file chosen

Upload Signature *

Choose File

No file chosen

Documents required for Registration *

Vehicle Make

Vehicle Model

Vehicle Year

Site Plan

Chasis Number

Driving License

Accepting terms and conditions *

I hereby declare that all the information provided here is best out of my knowledge and belief and I accept the terms,disclamer and conditions.

Submit

(RAIN)
VACCINATION

Vaccination Registration Form

Prefix

▼

Applicant First Name *

Applicant Middle Name *

Applicant Last Name *

Applicant Email Address *

Applicant Phone Number *



Applicant Address *

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

▼

Gender *

 Male Female Other

Aadhar Card Number *

E.g., text placeholder

PAN Number *

E.g., text placeholder

Upload Profile Photo *

Choose File

No file chosen

Upload Signature *

Choose File

No file chosen

Documents required for Registration *

- Previous Medical History Documents
- Health Insurance smart card issued under the scheme of Ministry of Labour
- Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) job card
- Official identity cards issued to MPs/MLAs/MLCs
- Service identity card issued to employees by central/ state government / public limited companies, voter ID.

Please Check In if you have any below mentioned disease *

- Heart failure with hospital admission in the past year
- Post cardiac transplant/ Left Ventricular Assist Device
- Moderate or Severe Valvular Heart Disease
- Congenital heart disease with severe PAH or Idiopathic PAH
- Coronary Artery Disease with past CABG/ PTCA/ MI and Hypertension/Diabetes on treatment
- Angina and Hypertension/ Diabetes treatment
- CT/MRI documented stroke and Hypertension/Diabetes on treatment
- Diagnosis of any solid cancer

Please select the type of vaccine *

- Hepatitis A
- Flu
- Polio
- Rabies
- Measles, mumps, rubella
- Rotavirus
- Small Pox
- Chicken Pox
- Yellow Fever
- COVID-19
- Hib (Haemophilus influenzae type b) disease
- Hepatitis B
- HPV
- Whooping Cough
- Pneumococcal disease
- Meningococcal disease
- Shingles
- Ebola

Accepting terms and conditions *

- I hereby declare that all the information provided here is best out of my knowledge and belief and I accept the terms,disclaimer and conditions.

Submit

(RAINAHOSPITAL TERMS AND CONDITIONS

Hospital Terms and conditions Forms

Prefix

Applicant First Name *

Applicant Middle Name *

Applicant Last Name *

Applicant Email Address *

Applicant Phone Number *

Applicant Address *

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

Gender *

 Male Female Other

Aadhar Card Number *

E.g., text placeholder

PAN Number *

E.g., text placeholder

Upload Profile Photo *

Choose File No file chosen

Upload Signature *

Choose File No file chosen

Use of Hospital Website *

- Use of the website As a condition of your use of this Website, you warrant that: 1. you are at least 18 years of age and are of sound mind, 2. you possess the legal authority to create a binding legal obligation, 3. you will use this Website in accordance with the Terms of Use, 4. you will only use this Website to make legitimate decisions for which you are legally authorized to act, 5. all information supplied by you on this Website is true, accurate, current and complete, and 6. if you have an online account with this Website, you will safeguard your account information and will supervise and be completely responsible for any use of your account by you and anyone other than you. We retain the right at our sole discretion to deny access to anyone to this Website and the services we offer, at any time without notice and for any reason, including, but not limited to, for violation of these Terms of Use.

Booking Hospitality *

- Hospitality can be purchased: a. By signing and submitting a completed Booking Form to The R&A; or b. On our Website. 2. The Customer's purchase of hospitality will be completed when we deliver the hospitality passes that have been ordered to the Customer. This may be by post or in person (for example, by handing you your hospitality passes at the entry gate). 3. The R&A reserves the right to choose to accept or reject the Customer's order for hospitality. In the case of an order being rejected in whole or in part, the Customer will be notified as soon as reasonably practicable. Our failure to notify you of the rejection of your order in whole or in part does not mean that your order has been accepted. 4. The R&A will accept no responsibility for, or offer any refunds for, loss arising as a result of any incorrect information provided by the Customer at the time of purchase, unless this is due to our error.

Accepting terms and conditions *

- I hereby declare that all the information provided here is best out of my knowledge and belief and I accept the terms,disclaimer and conditions.

Submit

(RAINAMORGUE MANAGEMENT

Morgue Management Form

For all staff

Prefix



Patient First Name *

Patient Middle Name *

Patient Last Name *

Patient Email Address *

Patient Phone Number *



Patient Address *

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country



Gender *

Male Female Other

Patient Aadhar Card Number *

E.g., text placeholder

Patient PAN Number *

E.g., text placeholder

Upload Profile Photo *

Choose File

No file chosen

Upload Signature *

Choose File

No file chosen

Death Certificate *

E.g., text placeholder

Patient Final Bill *

E.g., text placeholder

Submit

(ANEEES)DOCTOR MANAGEMENT

DOCTOR PERSONAL DETAILS

NAME

DATE

AGE



GENDER

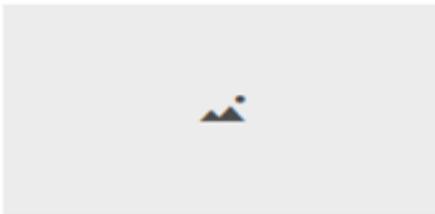
MALE FEMALE OTHERS

ADDRESS

PHONE

EMAIL ID

UPLOAD PHOTO



BLOOD GROUP

AADHAAR NO

PAN NO

PREFERRED LANGUAGE

MARITAL STATUS

MARRIED UNMARRIED

QUALIFICATION

EXPERIENCE(NO.OF YEARS)

PREVIOUS POSITION

QUALIFICATION

SPECIALIZATION

WORK TYPE

Please select

SUBMIT FORM

OPERATION TIMINGS

FIRST Name

LAST Name

GENDER

 MALE

Email *

 E.g., john@doe.com

LIST OF OPERATION DONE

Number

 E.g., 10

Street Address

 E.g., 42 Wallaby Way

Apartment, suite, etc

City

 E.g., Sydney

State/Province

 E.g., New South Wales

ZIP / Postal Code

 E.g., 2000

Country

 Select country

E.g., Sydney

E.g., New South Wales

ZIP / Postal Code

 E.g., 2000

Country

 Select country

Phone

 E.g., +1 300 400 5000

GENDER

 MALE

Date

 Choose Date

Hours

 E.g., 0

Minutes

 E.g., 0 A.

DOCTOR OPERATION DISCUSSION POINTS

NUMBER OF DOCTOR PRESENT IN ROOM

OPERATION ROOM NO

SUBMIT

(ANEEES)NURSE MANAGEMENT

TEST RESULTS OF PATIENTS UNDER ME

PATIENT HOSPITAL ID *

SPECIMEN ID *

SPECIMEN TYPE *

FOR LAB USE

FIRST NAME *

LAST NAME *

DATE OF SAMPLE COLLECTION *

Email *

GENDER

AGE

D.O.B

Consanguinity

Affected Siblings

Ethnicity:

Age of manifestation:

Street Address

Phone

Apartment, suite, etc

Street Address

Phone

Apartment, suite, etc

City

State/Province

ZIP / Postal Code

Country

Type of Specimen:

- Peripheral blood (K2-EDTA)
- Peripheral blood (Na-Heparin)
- Saliva
- Tissue (Fresh/Frozen)
- Bone Marrow (Na-Heparin)
- Bone Marrow (Na-Heparin)
- CVS
- Amniotic fluid
- Sputum

Has the patient had any of the following?

- Bone marrow transplant
- Blood transfusion
- Chemotherapy

If yes, please specify date: _____ (Note: Transplant or transfusion must be at least 2 weeks prior to date of blood draw)

TEST DETAILS

TEST DETAILS

A. NEUROLOGY

- 1.1 Autism □
- 2.1 Abnormal cortical gyration □
- 2.4 Brain atrophy □
- 2.5 Cerebellar hypoplasia □
- 2.7 Holoprosencephaly □
- 2.10 Lissencephaly □
- 4.4 Parkinsonism □
- 5.3 Muscle hypotonia □
- 5.4 Spasticity □
- 6.3 Generalized seizures □

B. METABOLISM

- . Abnormal creatine kinase □
- . Decreased plasma carnitine □
- . Hyperalaninemia □
- Increased CSF lactate □
- Lactic acidosis □
- Organic aciduria □

C. EYE

- . Blepharospasm □
- . Cataract □
- Coloboma □
- Glaucoma □
- Ophthalmoplegia □
- Ptosis □
- Strabismus □
- Visual impairment □

- 2. Cleft lip / palate □
- . Conductive hearing impair. □
- External ear malformation □
- Sensoneural hearing impair. □
- Hypodontia □

SKIN, INTEGUMENT AND SKELETAL

- Option 1
- Option 2
- Skeletal
 - Abnormal vertebral column □
 - Joint hypermobility
 - Multiple joint contractures □
 - Polydactyly □
 - Abnormal skin pigmentation □
 - Ichthyosis □

PEDIGREE

CLINICAL HISTORY

(Attach summary of findings)

SUBMIT

(ANEEES)CLERK MANAGEMENT

ROOMS TO BE CLEANED

CLERK FIRST NAME

E.g., John Doe

LAST NAME

E.g., John Doe

Email *

E.g., john@doe.com

Phone

E.g., +1 300 400 5000

Cleaning Checklist

BATHROOMS.

NO OF ROOM CLEANED

E.g., 10

LIST OF THINGS CLEANED

A large, empty text area for listing things cleaned.

CLEANING DATE

Choose Date

CLEANING TIME

Hours

E.g., 08

Minutes

E.g., 00

AM

SUBMIT

SPECIAL PATIENTS REQUIREMENTS

FIRST Name

E.g., John Doe

LAST Name

E.g., John Doe

Email *

E.g., john@doe.com

Phone

E.g., +1 300 400 5000

LISTS OF REQUIREMENT

Date

Choose Date

Hours

E.g., 08

Minutes

E.g., 00

AM

SPECIAL PATIENTS FACILITIES LISTS

SEDATION

SUBMIT

CHECK EMAILS

Name

E.g., John Doe

Username*

admin

Email*

E.g., john@doe.com

Password*

Phone

E.g., +1 300 400 5000

Text

E.g., text placeholder

Text

E.g., text placeholder
You can add new line

Text

E.g., text placeholder
You can add new line

Number

E.g., 10

Select

Option 1

Date

Choose Date

Hours

E.g., 08

Minutes

E.g., 00

AM

▼

SUBMIT

Visitor's details Form

Visitor's Name*

First

Last

Date of Birth*

MM/DD/YYYY

Age

Gender*

Male

Female

Other

Email*

Phone*

####

Home Address*

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

Country

Blood Type*

-

Duration of Visit

(ANEEES)SECURITY MANAGEMENT

DETAILS OF ALL MEMBERS OF HOSPITAL

Username *
admin

Password *
....

Email *
E.g., john@doe.com

FIRST Name
LAST Name

Phone
E.g., +1 300 400 5000

LIST OF MEMBERS PRESENT IN HOSPITAL

LIST OF MEMBERS NAMES

STATUS OF MEMBERS PRESENT
Option 1

SUBMIT

PREPARE PATIENTS BILL AND MEDICATION

FIRST NAME
LAST NAME

Email *
E.g., john@doe.com

GENDER
MALE

Phone
E.g., +1 300 400 5000

Street Address
E.g., 42 Wallaby Way

Apartment, suite, etc

City
E.g., Sydney

State/Province
E.g., New South Wales

ZIP / Postal Code
E.g., 2000

Country
Select country

City
E.g., Sydney

State/Province
E.g., New South Wales

ZIP / Postal Code
E.g., 2000

Country
Select country

LIST OF MEDICATIONS
E.g., 10

DOCTOR PRESCRIPTIONS

LIST OF MEDICINE PRESCRIPTIONS

TIME TO DELIVERY
Hours
E.g., 08

Minutes
E.g., 00

AM

TOTAL AMOUNT
E.g., 10

SUBMIT

DETAILS OF DELIVERY OF MEDICAL EQUIPMENTS

FIRST NAME

LAST NAME

Email *

E.g., john@doe.com

GENDER

MALE

Phone

E.g., +1 300 400 5000

Street Address

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

LIST OF MEDICATIONS

E.g., 10

DOCTOR PRESCRIPTIONS

LIST OF MEDICINE PRESCRIPTIONS

TIME TO DELIVERY

Hours

E.g., 08

Minutes

E.g., 00

AM

TOTAL AMOUNT

E.g., 10

SUBMIT

FORMS(20)

- Appointment Booking
- Appointment Cancellation
- Patient Registration
- Patient Health Details
- Emergency contact
- Insurance Registration
- Doctor Details
- Nurse Details
- Blood Donor Registration
- Blood Donor Medical History
- Organ Donor Registration
- Organ Donor Medical History
- Survey form
- Visitors Details
- Library Registration
- Job Application
- In-Patient Discharge
- Surgeon Details
- Feedback form
- Medical prescription form

APPOINTMENT BOOKING FORM

-- PERSONAL INFO --

- 1) FULL NAME (first,middle ,last)
- 2) DOB (dd,mm,yyyy)
- 3) GENDER (male,female,others)
- 4) AGE
- 5) ADDRESS (locality,landmark,city,state,country,pincode)
- 6) PHONE NO. (HOME,MOBILE NO.,WORK)(AREA CODE)
- 7) APPOINTMENT DATE (dd/mm/yyyy)
- 8) APPOINTMENT TIME

Appointment Booking Form

Name*
 First Last

Gender*
 Male

Phone
 ######

Date of Birth*
 MM/DD/YYYY

Address
 Street Address
 Street Address Line 2
 City Region

Postal / Zip Code India

Email

Appointment Detail

Doctor (Preferred)
 First Last

Please List-up about your health details

Appointment Date (Preferred)
 MM/DD/YYYY

Appointment time (Preferred)
 HH:MM AM

APPOINTMENT CANCELLATION FORM

-- PERSONAL INFO --

- 1) FULL NAME (first,middle ,last)
- 2) PHONE NO. (home,mobile no.,work)(area code)
- 3) ORIGINAL APPOINTMENT DATE (dd/mm/yyyy)
- 4) ORIGINAL APPOINTMENT TIME
- 5) WHAT TYPE OF APPOINTMENT ARE YOU CANCELLING
(Physician,Therapy,Imaging)
- 6) THE APPOINTMENT WAS SCHEDULED WITH (doctor's name)
- 7) WOULD YOU WANT TO RESCHEDULE THE APPOINTMENT (yes/no)
- 8) REASON OF CANCELLATION (basic options, others)
- 9) ONLINE FEE PAYMENT

Appointment Cancellation Form

Name*
 First Last

Gender*
 Male

Phone
 #### ####

Address
 Street Address
 Street Address Line 2
 City Region
 Postal / Zip Code India

Email

THE APPOINTMENT WAS SCHEDULED WITH (Doctor's Name)
 First Last

ORIGINAL APPOINTMENT DATE
 MM/DD/YYYY

ORIGINAL APPOINTMENT TIME
 HH:MM AM

WHAT TYPE OF APPOINTMENT ARE YOU CANCELLING
 Physician
 Therapy
 Imaging

WOULD YOU WANT TO RESCHEDULE THE APPOINTMENT
 Yes
 No

PATIENT REGISTRATION FORM

-- PERSONAL INFO --

- 1) CURRENT DATE
- 2) FULL NAME (first,middle ,last)
- 3) DOB (dd,mm,yyyy)
- 4) AGE
- 5) GENDER (M,F,O)
- 6) ADDRESS (locality,landmark,city,state,country,pincode)
- 7) PHONE NO. (home,mobile no.,work)(area code)
- 8) EMAIL ID
- 9) PROFILE PHOTO (inbuilt machine)
- 10) PATIENT SIGNATURE (inbuilt machine)
- 11) BLOOD GROUP(A+,A-,AB+,AB-,B+,B-,O+,O-)

PATIENT REGISTRATION FORM

PERSONAL INFO

CURRENT DATE

 MM/DD/YYYY 

Name*

 First Last

Gender*

 Male

Phone

 ### ######

Date of Birth*

 MM/DD/YYYY 

Address

 Street Address Street Address Line 2 City Region Postal / Zip Code India

Email

Profile Photo Upload

 Choose files or drag here

Patient Signature Upload

 Choose files or drag here

BLOOD GROUP

 Please select

SOCIAL SECURITY NO.

 PAN CARD NUMBER

ADHAAR CARD NUMBER

PATIENT REGISTRATION FORM

- 1) SOCIAL SECURITY NO. (pan , adhaar)
- 2) PREFERRED LANGUAGE
- 3) MARITAL STATUS (married, unmarried, widow, divorcee)
- 4) OCCUPATION

-- SECONDARY INFO --

- 1) FULL NAME(first, middle,last)
- 2) SECONDARY/EMERGENCY CONTACT NO. (home, mobile, work)
- 3) RELATION
- 4) BLOOD GROUP(A+,A-,AB+,AB-,B+,B-,O+,O-)

-- PERSON RESPONSIBLE FOR BILL PAYMENT(PARENT/GUARDIAN) --

- 1) NAME, DOB, AGE, GENDER, ADDRESS, PHONE NO, EMAIL ID, ADHAAR NO, OCCUPATION

I hereby **declare** that the **information** given in this application is **true** and **correct** to the best of my knowledge and belief. In case any **information** given in this application proves to be false or incorrect, I shall be responsible for the consequences.

PREFFERED LANGUAGE	<input type="text" value="Please select"/>
OCCUPATION*	<input type="text" value="Please select"/>
MARITAL STATUS	<input type="radio"/> MARRIED <input type="radio"/> UNMARRIED
SECONDARY INFO	
Name	<input type="text" value="First"/> <input type="text" value="Last"/>
SECONDARY/EMERGENCY CONTACT NO. (HOME,MOBILE,WORK)	<input type="text" value="## ##### #####"/>
ALTERNATE CONTACT NUMBER	<input type="text" value="## ##### #####"/>
RELATION	<input type="radio"/> PARENTS <input type="radio"/> GUARDIANS <input type="radio"/> FRIENDS
BLOOD GROUP	<input type="text" value="Please select"/>
PERSON RESPONSIBLE FOR BILL PAYMENT (PARENT/GUARDIAN)	
Name*	<input type="text" value="First"/> <input type="text" value="Last"/>
Gender*	<input type="text" value="Male"/>
Phone	<input type="text" value="#### ##### #####"/>
Address	<input type="text" value="Street Address"/> <input type="text" value="Street Address Line 2"/>
City	<input type="text" value="Region"/>
Postal / Zip Code	<input type="text" value="India"/>
Email	<input type="text"/>
ADHAAR CARD NO/IMRFR	

PATIENT HEALTH DETAILS FORM

- 1) FULL NAME(first, middle, last)
- 2) SYMPTOMS (Chills,Numbness,Fever,Cold,Cough,Shortness of Breath,Dizziness,Nausea.....)
- 3) DURATION OF SYMPTOMS
- 4) ARE YOU CURRENTLY UNDER ANY OTHER MEDICATION
- 5) ARE YOU PROHIBITED FROM TAKING ANY PARTICULAR MEDICINE OR ANY KIND OF TREATMENT
- 6) IS THERE A CASE OF HEREDITARY HEALTH ISSUES IN YOUR FAMILY
- 7) DID YOU TAKE ANY COURSE OF ACTION FOR YOUR SYMPTOMS ON YOUR OWN WITHOUT CONSULTATION FROM A DOCTOR

Declaration that all information provided by me so far is authentic and hospital will not be responsible for any false information given by the patient

Patient Health Details Form

NAME	<input type="text" value="First"/>	<input type="text" value="Last"/>
AGE	<input type="text"/>	BLOOD GROUP <input type="text" value="Please select"/>
Symptoms	<input type="text" value="example:cough,cold,fever"/>	
ARE YOU CURRENTLY UNDER ANY OTHER MEDICATION	if yes then mention down <input type="text"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU PROHIBITED FROM TAKING ANY PARTICULAR MEDICINE OR ANY KIND OF TREATMENT	if yes then mention down <input type="text"/>	
<input type="radio"/> Yes <input type="radio"/> No		
IS THERE A CASE OF HEREDITARY HEALTH ISSUES IN YOUR FAMILY	if yes then mention down <input type="text"/>	
<input type="radio"/> Yes <input type="radio"/> No		
DID YOU TAKE ANY COURSE OF ACTION FOR YOUR SYMPTOMS ON YOUR OWN WITHOUT CONSULTATION FROM A DOCTOR	if yes then mention down <input type="text"/>	
<input type="radio"/> Yes <input type="radio"/> No		
DECLARATION THAT ALL INFORMATION PROVIDED BY ME SO FAR IS AUTHENTIC AND HOSPITAL WILL NOT BE RESPONSIBLE FOR ANY FALSE INFORMATION GIVEN BY HE PATIENT*		
<input type="checkbox"/> I agree to the terms of service .		
SUBMIT FORM		

EMERGENCY CONTACT FORM

-- PERSONAL INFO --

- 1) CURRENT DATE
- 2) FULL NAME (first,middle ,last)
- 3) DOB (dd,mm,yyyy)
- 4) AGE
- 5) ADDRESS
- 6) (locality,landmark,city,state,country,pincode)
- 7) PHONE NO. (home,mobile no.,work)(area code)
- 8) BLOOD GROUP(A+,A-,AB+,AB-,B+,B-,O+,O-)
- 9) RELATIONSHIP WITH PATIENT
- 10) (parent , child , sibling , friend , other)

Emergency Contact Form

Date

19-03-2021

Full Name

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Date of Birth

Choose Date

Age

Address

Street Address

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Blood Group *

Please Select

Phone No *

E.g., +1 300 400 5000

Alternate Phone No *

E.g., +1 300 400 5000

Relationship

Sibling

Parent

Child

Friend

Other

Send Message

INSURANCE REGISTRATION FORM

- 1) INSURANCE COMPANY NAME
- 2) POLICY / ID
- 3) GROUP
- 4) INSURANCE ADDRESS
- 5) INSURANCE PHONE NO.
- 6) INSURANCE SUBSCRIBER NAME
- 7) SUBSCRIBER DOB
- 8) PATIENT SIGNATURE (inbuilt machine)
- 9) INSURANCE COMPANY NAME
- 10) RELATIONSHIP WITH PATIENT
- 11) OCCUPATION
- 12) SECONDARY INSURANCE POLICY
- 13) SUBSCRIBER PAN NO.
- 14) DATE OF COMMENCEMENT OF 1st INSURANCE
- 15) DO YOU HAVE ANY OTHER MEDICLAIM? (yes/no)

•I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment with respect to the claim, my right to claim reimbursement of the said expenses shall be absolutely forfeited.

INSURANCE REGISTRATION FORM

INSURANCE COMPANY NAME	<input type="text"/>	
POLICY/ID	GROUP	<input type="text"/> Please select
INSURANCE ADDRESS	<input type="text"/>	
Street Address	<input type="text"/>	<input type="text"/>
City	Region	India
SUBSCRIBER NAME	<input type="text"/> <input type="text"/>	
First	Last	<input type="text"/>
PHONE NO	DATE OF BIRTH	
### ### ####	<input type="text"/>	<input type="text"/> MM/DD/YYYY
RELATIONSHIP WITH PATIENT	<input type="text"/>	
OCCUPATION	OTHERS	
Please select	<input type="text"/>	<input type="text"/>
SECONDARY INSURANCE POLICY (if any)	<input type="text"/>	
SUBSCRIBER PAN NUMBER	DATE OF COMMENCEMENT OF 1st INSURANCE	
<input type="text"/>	<input type="text"/> MM/DD/YYYY	<input type="text"/>
DO YOU HAVE ANY OTHER MEDICLAIM?	<input type="radio"/> YES <input type="radio"/> NO	
PATIENT SIGNATURE	<input type="text"/>	

I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment with respect to the claim, my right to claim reimbursement of the said expenses shall be absolutely forfeited.*

I agree to the [terms of service](#).

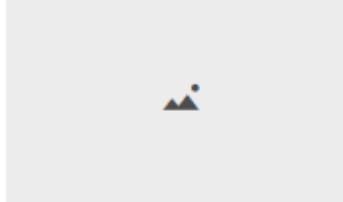
SUBMIT FORM

DOCTOR PERSONAL DETAILS FORM

- 1) FULL NAME (first,middle ,last)
- 2) DOB (dd,mm,yyyy)
- 3) AGE
- 4) GENDER (m,f,o)
- 5) ADDRESS (locality,landmark,city,state,country,pincode)
- 6) PHONE NO. (home,mobile no.,work)
- 7) EMAIL ID
- 8) PROFILE PHOTO (inbuilt machine)
- 9) BLOOD GROUP(A+,A-,AB+,AB-,B+,B-,O+,O-)

- 1) SOCIAL SECURITY NO. (pan , adhaar)
- 2) PREFERRED LANGUAGE
- 3) MARITAL STATUS (married,unmarried)

DOCTOR PERSONAL DETAILS

NAME	<input type="text" value="First"/> <input type="text" value="Last"/>
DATE	<input type="text" value="MM/DD/YYYY"/> <input type="button" value="CALENDAR"/>
AGE	<input type="text"/>
GENDER	<input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> OTHERS
ADDRESS	<input type="text" value="Street Address"/> <input type="text" value="City"/> <input type="text" value="Region"/>
Postal / Zip Code	<input type="text"/> <input type="text" value="India"/>
PHONE	<input type="text" value="### ### ####"/> <input type="text" value="EMAIL ID"/>
UPLOAD PHOTO	
	
BLOOD GROUP	<input type="text" value="Please select"/>
AADHAAR NO	<input type="text"/>
PAN NO	<input type="text"/>
PREFERRED LANGUAGE	
<input type="text"/>	
MARITAL STATUS	
<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED	

DOCTOR PERSONAL DETAILS FORM

-- QUALIFICATION --

- 1) EXPERIENCE (no.of yrs)
- 2) Current or Last Position:
- 3) Qualification:(degree)
- 4) SPECIALIZATION
- 5) Work Type: (Full Time/Part Time/Casual/Shift Work.)

QUALIFICATION

EXPERIENCE(NO.OF YEARS)

PREVIOUS POSITION

QUALIFICATION

SPECIALIZATION

WORK TYPE

Please select

SUBMIT FORM

NURSE DETAILS FORM

1) FULL NAME (first,middle ,last)

2) DOB (dd,mm,yyyy)

3) AGE

4) GENDER (m,f,o)

5) ADDRESS(locality,landmark,city,state,country,pin code)

6) PHONE NO. (home,mobile no.,work)

7) EMAIL ID

8) PROFILE PHOTO (inbuilt machine)

9) BLOOD GROUP(A+,A-,AB+,AB-,B+,B-,O+,O-)

10) SOCIAL SECURITY NO. (pan , adhaar)

11) PREFERRED LANGUAGE

Nurse Details Form

First Name

Middle Name

Last Name

Date Of Birth

Age

Select Your Gender

- Male
- Female
- Other

Address

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

India

Phone Number

####

Mobile Number

####

Work Number

####

Email ID

Select your Blood Group

Please select

Social Security Number
PAN Card or Adhaar Card

Select Your Preferred Language

Please select

Marital Status

- Married
- Unmarried
- Divorcee
- Widow

BLOOD DONOR REGISTRATION FORM

- 1) FULL NAME (first name, middle name , last name)
- 2) DOB (dd,mm,yyyy)
- 3) AGE(18 to 65 years)
- 4) GENDER(male, female)
- 5) ADDRESS (locality , landmark, city , state , country, pin code)
- 6) PHONE NUMBER (home, work , mobile no)(area code, phone number)
- 7) EMAIL ID
- 8) Upload PHOTO
- 9) OCCUPATION
- 10) BLOOD GROUP (A+,A-,AB+,AB-,B+,B-,O+,O-)
- 11) WEIGHT (not less than 45kg)
- 12) SOCIAL SECURITY NO. (pan , adhaar)

I hereby **declare** that the **information** given in this application is **true and correct** to the best of my knowledge and belief. In case any **information** given in this application proves to be false or incorrect, I shall be responsible for the consequences.

BLOOD DONOR REGISTRATION FORM

Register as a Blood Donor

Full Name *
First Name Middle Name Last Name

Date of Birth *
Month Day Year

Age

BLOOD GROUP *

Mobile No * -
Area Code Phone Number

Alternate Mobile No * -
Area Code Phone Number

Address *
Street Address

City State / Province
 India
Country

Upload photo *

Email Id *
example@example.com

Gender

Occupation

Weight *

Aadhaar No *

PAN No *

BLOOD DONOR MEDICAL HISTORY FORM

- 1) HAVE U EVER DONATED BLOOD BEFORE (yes/no)
- 2) HAEMOGLOBIN CHECK (not less than 12.5 g/dl)
- 3) PULSE (between 50 and 100/minute with no irregularities)
- 4) BLOOD PRESSURE (systolic 100-180 mm hg and diastolic 50 - 100 mm hg)
- 5) TEMPERATURE - NORMAL (oral temperature not exceeding 37.50c)

HEALTH CONDITIONS: THE DONOR SHOULD BE IN A HEALTHY STATE OF MIND AND BODY.THEY SHOULD FULFILL THE FOLLOWING CRITERIA:

- 1) SINCE THE PAST YEAR HAVE U BEEN TREATED FOR RABIES OR RECEIVED HEPATITIS B IMMUNEGLOBULIN.
- 2) SINCE PAST 6 MONTHS DID U HAVE : (a tattoo, ear or skin piercing or acupuncture, a serious illness or major surgery, contact with a person with hepatitis or yellow jaundice.)
- 3) SINCE PAST 3 MONTHS: (donated blood ,been treated for malaria.)
- 4) SINCE PAST ONE MONTH - (had any immunizations.)
- 5) SINCE PAST 48 HOURS :TAKEN ANY ANTIBIOTICS OR ANY OTHER MEDICATIONS (allopathic or ayurveda or homeopathy)

Blood Donor Medical History Form

Did you ever donate blood?

Yes
 No

Last Donor Date

Did you have any discomfort during/after donation?

Yes
 No

Do you suffer of any disease?

Yes
 No

Are you aged between 16-70 years?

Yes
 No

Do you weigh at least 50 kg?

Yes
 No

Do you have allergies?

Yes
 No

Other allergies:

Have you ever had positive blood test for HIV/HCV/HB

Yes
 No

- Do you have any cardiac problems?
- Yes
 No
- Do you have any cardiac problems?
- Yes
 No
- Do you suffer any bleeding disorders?
- Yes
 No
- Do you take medication?
- Yes
 No
- In the last 12 months, have you undergone any surgical procedures?
- Yes
 No
- Since The Past Year Have U Been Treated For Rabies Or Received Hepatitis B Immunoglobulin.
- Yes
 No
- Since Past 6 Months Did you Have : (A Tattoo, Ear Or Skin Piercing Or Acupuncture, A Serious Illness Or Major Surgery, Contact With A Person With Hepatitis Or Yellow Jaundice.)
- Yes
 No

BLOOD DONOR MEDICAL HISTORY FORM

- 1) SINCE PAST 24 HOURS - (taken alcoholic beverages)
- 2) SINCE PAST 72 HOURS - (had dental work or taken aspirin)
- 3) PRESENT - NOT SUFFERING FROM COUGH, INFLUENZA OR SORE THROAT, COMMON COLD
- 4) WOMEN SHOULD NOT BE PREGNANT
- 5) WOMEN DONOR SHOULD NOT DONATE DURING HER MENSTRUAL CYCLES
- 6) CURRENTLY : (FREE FROM DIABETES, NOT SUFFERING FROM CHEST PAIN, HEART DISEASE OR HIGHBP, CANCER, BLOOD CLOTTING PROBLEM OR BLOOD DISEASE, UNEXPLAINED FEVER)
- 7) Ever had : (TB, bronchial asthma or allergic disorder, liver disease, kidneydisease, fits or fainting, blue or purple spots on the skin or mucousmembranes)

• I hereby **declare** that the **information** given in this application is **true** and **correct** to the best of my knowledge and belief. In case any **information** given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Since Past One Month - (had any immunizations.)

- Yes
 No

Since Past 24 Hours - (Taken Alcoholic Beverages)

- Yes
 No

Since Past 48 Hours :Taken Any Antibiotics Or Any Other Medications (Allopathic Or Ayurveda Or Homeopathy)

- Yes
 No

Since Past 72 Hours - (had dental work or taken aspirin)

- Yes
 No

Are You Suffering From Cough, Influenza Or Sore Throat, Common Cold

- Yes
 No

Requirements for females that want to donate blood:
WOMEN SHOULD NOT BE PREGNANT WOMEN
DONOR SHOULD NOT DONATE DURING HER
MENSTRUAL CYCLES

I want to donate blood voluntarily and will not be entitled to claim any exchange for my donation. I guarantee that all the provided information is true. I understand the questions, which are for my protection as well as to protect the recipient of my blood.

Donor's Signature

No file chosen

I have read the requirements. I am eligible to donate blood.

ORGAN DONATION REGISTRATION FORM

- 1) FULL NAME (first name, middle name , last name)
- 2) DOB (dd,mm,yyyy)
- 3) GENDER(male, female)
- 4) ADDRESS (locality , landmark, city , state , country, pin code)
- 5) PHONE NUMBER (home, work , mobile no)(area code, phone number)
- 6) EMAIL ID
- 7) PROFILE PHOTO
- 8) OCCUPATION
- 9) WHAT ARE YOU DONATING FOR (transplantation, research, or education p
- 10) WHAT ARE YOU DONATING (all organs and tissue)
I) ORGANS (heart, lungs, kidneys, lungs, pancreas , liver , small intestine)
II) TISSUE (heart, valves, vessels, pericardium bones , arties , skin, veins , soft ti
III)EYES (eyes, corneas)

Organ Donor Registration Form

Personal Details

Date

03-19-2021

Full Name

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Gender *

Please Select

Marital Status

Please Select

Phone No *

E.g., +1 300 400 5000

Alternate Phone No *

E.g., +1 300 400 5000

Date of Birth *

Choose Date

Organ Donation Details

Organs to be donated

- Liver
- Kidney
- Pancreas
- Heart
- Cornea
- Bone
- Lung
- Bone Marrow
- All of the above

Specific Purpose

- Medical Transplant
- Educational/Research
- Both Medical Transplant and Educational/Research

ORGAN DONOR MEDICAL HISTORY FORM

- 1) Do you have any known allergies? If yes, then please specify below.**
- 2) Are you currently taking medications? If yes, then please list the medications and the reasons why are you taking them.**
- 3) What is your current medical condition? Do you have any communicable disease, cardiovascular problems, diabetes, asthma etc.?**
- 4) Previous hospitalization (Provide the reason and treatment)**
- 5) Family History Illnesses**

- Asthma
- Cardiovascular Disease
- Diabetes Mellitus
- Hypertension
- Tuberculosis
- Other

Do you have any known allergies? If yes, then please specify below.



Are you currently taking medications? If yes, then please list the medications and the reasons why are you taking them.



What is your current medical condition? Do you have any communicable disease, cardiovascular problems, diabetes, asthma etc.?



Previous hospitalization (Provide the reason and treatment)



Family History Illnesses

- Asthma
- Cardiovascular Disease
- Diabetes Mellitus
- Hypertension
- Tuberculosis
- Other

Organ Donor Registration Form

Personal Details

Date

E.g., 03-19-2021

Full Name

First Name *

E.g., John

Middle Name

E.g., Smith

Last Name

E.g., Doe

Gender *

Please Select

Marital Status

Please Select

Phone No *

E.g., +1 300 400 5000

Alternate Phone No *

E.g., +1 300 400 5000

Date of Birth *

Choose Date

Address

Street Address

E.g., 42 Wallaby Way

Apartment, suite, etc

City

E.g., Sydney

State/Province

E.g., New South Wales

ZIP / Postal Code

E.g., 2000

Country

Select country

Email Address

E.g., john@doe.com

Last four digits of your Social Security Number (for ID verification purposes only) *

Medical Data

Vital Signs

Temperature
(C)

BP (mmHg)

Pulse Rate
(bpm)

Respiratory
Rate (bpm)

Height (ft)

Weight (kg)

Blood Group

Please Select



Do you have any known allergies? If yes, then please specify below.

Are you currently taking medications? If yes, then please list the medications and the reasons why are you taking them.



What is your current medical condition? Do you have any communicable disease, cardiovascular problems, diabetes, asthma etc.?

Previous hospitalization (Provide the reason and treatment)

Family History Illnesses

- Asthma
- Cardiovascular Disease
- Diabetes Mellitus
- Hypertension
- Tuberculosis
- Other



Organ Donation Details

Organs to be donated

- Liver
- Kidney
- Pancreas
- Heart
- Cornea
- Bone
- Lung
- Bone Marrow
- All of the above

Specific Purpose

- Medical Transplant
- Educational/Research
- Both Medical Transplant and Educational/Research

Acknowledgment and Terms

- I confirm that the information I provided in this document is accurate and true.
- I allow my organs to be donated for medical transplant or educational/research purposes.
- I acknowledge that I have to inform my family about this registration.
- I confirm that I always need to keep the organ donor card and the document that came with it.
- I allow my information to be submitted to donor registry.

Signature of Donor

Choose File No file chosen

Date Signed

Choose Date

**Signature of Witness/
Parent/Guardian for Minors**

Choose File No file chosen

Date Signed

Choose Date

**Signature of
Doctor/Physician**

Choose File No file chosen

Submit

VISITORS DETAILS FORM

- 1) FULL NAME (first,middle ,last)
- 2) DOB (dd,mm,yyyy)
- 3) AGE
- 4) GENDER (m,f,o)
- 5) ADDRESS (locality,landmark,city,state,country,pincode)
- 6) PHONE NO. (home,mobile no.,work)
- 7) EMAIL ID
- 8) BLOOD GROUP(A+,A-,AB+,AB-,B+,B-,O+,O-)
- 9) DURATION OF VISIT
- 10) PURPOSE OF VISIT
- 11) RELATIONSHIP WITH THE PATIENT
- 12) IS THE PATIENT AWARE OF THIS VISITATION REQUEST
- 13) WARD NO. ROOM NO

Visitor's details Form

Visitor's Name*

 First Last

Date of Birth*

 MM/DD/YYYY

Age

Gender*

Male

Female

Other

Email*

Phone*

 #### ####

Home Address*

Street Address

Street Address Line 2

City

 Region

Postal / Zip Code

 Country

Blood Type*

Duration of Visit

Purpose of visit

Relationship with Patient

Please select

Other

Is the patient aware of the visitation request

Yes

No

Ward No.

Room No.

Visitor's Signature*

LIBRARY REGISTRATION FORM

- 1) FULL NAME (first,middle ,last)
- 2) DOB (dd,mm,yyyy)
- 3) AGE
- 4) GENDER (M,F,O)
- 5) ADDRESS(locality,landmark,city,state,country,pincode)
- 6) PHONE NO. (home,mobile no.,work)
- 7) EMAIL ID
- 8) QR CODE (Id-card)
- 9) WHAT WOULD YOU USE THE LIBRARY FOR (reference,in-house reading,borrowing)
- 10) WHICH SECTIONS OF THE LIBRARY WOULD YOU LIKE ACCESS TO
(All, Magazine, Fiction, Non-Fiction, Electronic , Research and Reference)

Name

Date of Birth

MM/DD/YYYY



Age

Gender

- Male
- Female
- Other

Address

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

India



Phone

####

Email

What would you use the library for?

- Reference
- In-house reading
- Borrowing

Which sections of the library would you like to access to

Please select



JOB APPLICATION FORM

- 1) FULL NAME (first,middle ,last)
- 2) DOB (dd,mm,yyyy)
- 3) AGE
- 4) GENDER (M,F,O)
- 5) ADDRESS(locality,landmark,city,state,country,pincode)
- 6) PHONE NO. (home,mobile no.,work)
- 7) ALTERNATE MOBILE NO.
- 8) EMAIL ID

- 1) SOCIAL SECURITY NO. (pan , adhaar)
- 2) PREFERRED LANGUAGE
- 3) MARITAL STATUS (married,unmarried)

- 4) POSITION APPLIED FOR
- 5) SALARY DESIRED
- 6) QUALIFICATION
- 7) JOB EXPERIENCE
- 8) SKILLS
- 9) TRAINING OR CERTIFICATES
- 10) UPLOAD CV
- 11) WORK TYPE: (Full Time/Part Time/Casual/Shift Work.)

Name: *

<input type="text"/>	<input type="text"/>
First Name	Last Name

Birth Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Phone Number: *

<input type="text"/>	<input type="text"/>
Area Code	Phone Number

E-mail Address:

<input type="text"/>
ex: myname@example.com

Address: *

<input type="text"/>	
Street Address	
<input type="text"/>	
Street Address Line 2	
<input type="text"/>	<input type="text"/>
City	State / Province
<input type="text"/>	
Postal / Zip Code	

How were you referred to us? *

<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employee
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Facebook
<input type="checkbox"/> Twitter	<input type="checkbox"/> Craigslist
<input type="checkbox"/> Other (please specify)	

Others:

<input type="text"/>

Upload Resume:

Choose File

No file chosen

Job Skills & Training

Describe your skills: *

Training or Certifications:

References

Please list two (2) references that are familiar with your work life.

Reference 1

Name: *

First Name

Last Name

Phone Number *

Area Code

Phone Number

Years Known: *

 1

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please Select

Country

Reference 2

Name: *

First Name

Last Name

Phone Number *

Area Code

Phone Number

Years Known: *

 1

Address *

Street Address

IN-PATIENT DISCHARGE FORM

1) HOSPITAL NAME

2) ADDRESS

3) PHONE NO.

4) PATIENT NAME

5) DATE ADMITTED

6) PHONE NO.

7) EMAIL ID

8) DIAGNOSIS

9) REASON FOR ADMISSION

Hospital Discharge Form

Basic Information

Complete this form for all hospital discharges. Refer to [Hospital Discharge Summary Form Instructions](#) for information on how to complete this form.

Hospital Name

Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Patient's Name

First Name

Last Name

Date Admitted

Date

Phone Number:

 -

Area Code

Attending Physician

First Name

Last Name

Email ID

example@example.com

Diagnosis

Reasons for Admission

IN-PATIENT DISCHARGE FORM

1) DIAGNOSIS AT ADMITTANCE

2) TREATMENT SUMMARY

3) DISCHARGE DATE

4) REASON FOR DISCHARGE

5) PHYSICIAN APPROVAL

6) PATIENT DECEASED/PATIENT TRANSFERRED

7) DIAGNOSIS AT DISCHARGE

8) FURTHER TREATMENT PLAN

9) NEXT CHECKUP DATE

Diagnosis at Admittance

Treatment Summary

Date of Discharge to [Name of Facility]

 - - 

Month

Day

Year

Reason for Discharge

Discharge Checklist (Make sure applicable information below are documented in the record)

- Discharge readiness Discharge plan
attested to by Physician discussed with family & Clear description of
attending provider discharge plan in place Therapy notes (if
applicable)

Physician Approval

- Yes
 No

Patient Deceased /Patient Transferred

- Yes
 No

Diagnosis at Discharge

Further Treatment Plans

- Yes
 No

Next Checkup Date

 mm-dd-yyyy 

Date

Next

IN-PATIENT DISCHARGE FORM

- 1) MEDICATION
- 2) DOSAGE
- 3) AMOUNT
- 4) FREQUENCY
- 5) ENDING DATE
- 6) SIGNATURE
- 7) DATE

Medications

Dosage

AMOUNT
ex: 23

Frequency
ex: 23

Ending Date
 

Other Information

Name of person completing the form

First Name Last Name

Phone Number
 -
Area Code Phone Number

Signature of person completing the form


Date

03/10/2021 

March	2021					
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27

Wednesday, March 10  

8:30 PM 9:30 PM

SURGEON DETAILS FORM

- 1) FULL NAME (first,middle ,last)
- 2) DOB (dd,mm,yyyy)
- 3) AGE
- 4) GENDER (M,F,O)
- 5) ADDRESS(locality,landmark,city,state,country,pincode)
- 6) PHONE NO. (home,mobile no.,work)
- 7) EMAIL ID
- 8) PROFILE PHOTO (inbuilt machine)
- 9) BLOOD GROUP(A+,A-,AB+,AB-,B+,B-,O+,O-)

Surgeon Details Form

Personal Details

Name

Birth date

Email

Phone

Age

Gender

Address

Phone

Email

SURGEON DETAILS FORM

1) SOCIAL SECURITY NO. (pan , adhaar)

Blood Group

Please select

Social Security NO.(PAN CARD/ADHAR CARD)

Preferred Language

Please select

Experience (No of Years)

Marital Status

Married

UnMarried

Current or Last Yrs

Qualification :(Degree)

Specialization

Work Type

Please select

Verification*



I'm not a robot



reCAPTCHA
Privacy - Terms

2) PREFERRED LANGUAGE

3) MARITAL STATUS (married,unmarried)

-- QUALIFICATION --

1) EXPERIENCE (no.of yrs)

2) CURRENT OR LAST POSITION:

3) QUALIFICATION:(Degree)

4) SPECIALIZATION

5) Work Type: (Full Time/Part Time/Casual/Shift Work.)

► I'm in!

MEDICAL PRESCRIPTION FORM

- 1) CURRENT DATE
- 2) PATIENT NAME (first name, middle name, last name)
- 3) Age
- 4) Phone Number (home, work, mobile no) (area code, phone number)
- 5) SYMPTOMS (Cold,cough,fever,throat pain,diarrhoea)
- 6) DIAGNOSIS
- 7) TREATMENT
- 8) PRESCRIPTION OF MEDICINES

CLASSIFICATION OF
EACH STAKEHOLDER
ALONG WITH EVENTS,
TIME AND COST

231 EVENTS

DOCTORS



- Cardiologist
- Audiologist
- Dentist
- ENT Specialist
- Gynaecologist
- Orthopaedic
- Paediatrician
- Psychiatrists
- Veterinarian
- Radiologist
- Pulmonologist
- Endocrinologist
- Oncologist
- Nutritionist

EVENTS

- Daily info about all patients (External event)
- Appointment timings (Temporal event)
- Newly Admitted & Discharged info (External event)
- Operation timings (Temporal event)
- Medicine List (State event)

Doctors

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	30 hrs
Backend	15 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	54 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR DOCTORS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Doctor wants the info of health of patients admitted	Patient's health info	Doctor	Get patient's health info	Checks if patient info is available and displays it	Doctor
Doctor wants the schedule of appointment timings	Appointment timings	Doctor	Get Appointment timings	Searches the appointment timings and displays it	Doctor
Doctor wants the info of newly admitted patients	Newly admitted patient's info	Doctor	Get newly admitted patient's info	Checks for newly admitted patient's info and displays it	Doctor
Doctor wants the schedule of operation timings	Operation timings	Doctor	Get operation timings	Searches the operation timings and displays it	Doctor

EVENT TABLE FOR DOCTORS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Doctor wants info about the patients discharged	Recently discharged patient's info	Doctor	Get recently discharged patient's info	Checks for recently discharged patient's info and displays it	Doctor
Doctor wants medicine list to prescribe to patients	Medicine list	Doctor	Get Medicine list	Displays the list of medicines	Doctor
Doctor wants the Medical history of the patient	Patient's medical history	Doctor	Get patient's medical history	Checks for the patient's medical history and displays it	Doctor

EVENT TABLE FOR DOCTORS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Doctor wants the results of lab test of patients	Patient's lab test result	Doctor	Get patient's lab test result	Checks for the patient's lab test result and displays it	Doctor..
Doctor wants to postpone an appointment	Postpone appointment	Doctor	Postpone the appointment with patient	Postpone the appointment and sends a message to the patient	Patient
Doctor wants to apply for leave for some days	Request for leave	Doctor	Send request for leave	Sends a message to request for leave to the management staff	Management staff

EVENT TABLE FOR DOCTORS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Doctor wants to get his/her salary	Doctors salary	Doctor	Request for doctors salary	Checks if the salary is transferred to the doctor from management staff	Doctor
Doctor wants info about other doctors	Info of doctors	Doctor	Get info about other doctors	Searches for doctors info and displays it	Doctor
Doctor wants info of medical tests	Info of medical tests	Doctor	Get medical test info	Displays the list of medical tests	Doctor

EVENT TABLE FOR DOCTORS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Doctor gets notified if patient has postponed or cancelled appointment	Notify about postpone or cancel of appointment	Doctor	Get notify about postpone or cancel of appointment	Notification pops up for postpone or cancellation of appointment	Doctor
Doctor wants to cancel an appointment	Cancel appointment	Doctor	Cancel the appointment with Patient	Cancel the appointment and sends a message to the patient	Patient
Doctor wants to give resignation	Give resignation	Doctor	Send resignation letter	Sends resignation letter to the management staff	Management staff

EVENT TABLE FOR DOCTORS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Doctor wants to have a meeting with the management staff	Arrange for a online meeting	Doctor	Start an online meeting	Start up a meet with mangement staff	Management staff

NURSES



- Registered Nurse
- Cardiac Nurse
- Nurse Anesthesia
- Critical Care Nurse
- Nurse Manager
- Clinical Nurse Specialist

EVENTS

- Daily info about all patients (External event)
- Updates daily info, appointment timings, operation timings (External event)
- Newly Admitted & Discharged info
- Operation and Appointment timings

Nurses

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	1 hr
Task breakdown and distribution	1 hr
Frontend	2 hrs
Backend	2 hrs
Testing the code	2 hrs
Code review	2 hrs
<u>TOTAL</u>	10 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 500
Physical Resources	Rs. 1,000
Software purchasing	Rs. 1,000
<u>TOTAL</u>	Rs. 2,500

EVENT TABLE FOR NURSES

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Nurses wants the info of health of patients admitted	Patient's health info	Nurse	Get patient's health info	Checks if patient info is available and displays it	Nurse
Nurse updates the schedule of appointment timings	Appointment timings	Nurse	Update Appointment timings	Updates the appointment timings for the doctors to see	Doctor
Nurse wants the info of newly admitted patients	Newly admitted patient's info	Nurse	Get newly admitted patient's info	Checks for newly admitted patient's info and displays it	Nurse
Nurse wants the schedule of operation timings	Operation timings	Nurse	Get operation timings	Searches the operation timings and displays it	Nurse

EVENT TABLE FOR NURSES

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Nurse wants info about the patients discharged	Recently discharged patient's info	Nurse	Get recently discharged patient's info	Checks for recently discharged patient's info and displays it	Nurse
Nurse wants to update the schedule of operation timings	Operation timings	Nurse	Update Operation timings	Updates the operation timing for the doctors to see	Doctor
Nurse updates the results about patient's lab tests	Patient's lab test result	Nurse	Update patient's lab test result	Updates patient's lab test results for the doctors to see	Doctor

EVENT TABLE FOR NURSES

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Nurse wants to update the status of the patient's health	Patient's health status	Nurse	Update patient's health status	Checks for patient health status and updates it	Doctor
Nurse wants to update the prescribed medications to the patients	Prescribed medication info	Nurse	Update prescribed medication info	Updates prescribed medication for the patient to see	Patient
Nurse wants to update the info of patients extra requirements	Patients extra requirements	Nurse	Update patients extra requirements	Updates the patients extra requirements for the Clerical staff to see	Clerical staff
Nurse wants info of medical equipments	Medical equipments info	Nurse	Get medical equipments info	Checks for medical equipments info and displays it	Nurse

EVENT TABLE FOR NURSES

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Nurse wants to get her salary	Nurse salary	Nurse	Request for Nurse salary	Checks if the salary is transferred to the Nurse from management staff	Nurse
Nurses wants to apply for leave for some days	Request for leave	Nurse	Send request for leave	Sends a message to request for leave to the management staff	Management staff
Nurse wants to get info of other nurses	Nurse info	Nurse	Get nurse info	Searches for all nurses info and displays it	Nurse

EVENT TABLE FOR NURSES

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Nurse wants to prepare patients bill	Patients bill	Nurse	Prepare patients bill	Prepare patients bill and sends it to receptionist	Receptionist
Nurse wants to give resignation	Give resignation	Nurse	Send resignation letter	Sends resignation letter to the management staff	Management staff





CLERICAL STAFF

- General Room Clerk
- Receptionist Clerk
- General Office Clerk

EVENTS

- Room Cleaning
(External event)
- Attending to patients daily needs (External event)
- Checking for visitors and guiding them to the proper room (External event)
- Replying to emails
(External event)

Clerical Staff

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	20 hrs
Backend	15 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	44 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 9000
Software purchasing	Rs. 5000
<u>TOTAL</u>	Rs. 15,000

EVENT TABLE FOR CLERICAL STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Clerical staff wants to know the rooms remaining to be cleaned	Room cleaning info	Clerical staff	Get room cleaning info	Checks for the rooms not cleaned and displays room no.	Clerical staff
Clerical staff wants to know any extra requirements needed by patients	Patients extra requirements	Clerical staff	Get patients extra requirements info	Searches for patients extra requirements and displays it	Clerical staff
Clerical staff wants to know about visitors to guide them to the proper room	Info about visitors	Clerical staff	Get visitors info	Checks for visitors and displays their names	Clerical staff

EVENT TABLE FOR CLERICAL STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Clerical staff wants to know about any emails received	Emails info	Clerical staff	Get emails info	Checks for new emails and displays them	Clerical staff
Clerk wants to get his/her salary	Clerk salary	Clerical staff	Request for Clerk salary	Checks if the salary is transferred to the clerk from management staff	Clerical staff
Clerk wants to apply for leave for some days	Request for leave	Clerical staff	Send request for leave	Sends a message to request for leave to the management staff	Management staff

EVENT TABLE FOR CLERICAL STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Clerk wants to get info about other staff members	Clerical staff members info	Clerical staff	Get clerical staff members info	Searches for clerical staff info and displays it	Clerical staff
Clerk wants to give resignation	Give resignation	Clerical staff	Send resignation letter	Sends resignation letter to the management staff	Management staff



PATIENTS



- Emergency Patients
- Routine check-up
Patients
- Operation Patients

EVENTS

- Doctor's info (External event)
- Facilities available (External event)
- Cost of facilities (State event)
- Book an appointment according to availability of doctor (External event)
- Online bill payment (External event)

Patients

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	50 hrs
Backend	30 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	89 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR PATIENTS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Patient wants the info of doctors	Doctors info	Patient	Get doctors info	Searches for doctors info and displays it	Patient
Patient wants to know the facilities available in the hospital	Hospital facilities info	Patient	Get hospital facilities info	Displays the list of hospital facilities	Patient
Patient wants to book an appointment	Doctor's availability info	Patient	Get doctors availability info	Checks for doctors available and displays the list of doctors	Patient
Patient wants to be admitted in emergency ward	Patient info	Patient	Update patient info	Patient requests for emergency ward	Ambulance staff

EVENT TABLE FOR PATIENTS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Patient wants to see hospital reviews	Hospital reviews	Patient	Get hospital reviews	Searches for hospital reviews and displays it	Patient
Patient wants to pay the bill online	Online billing setup	Patient	Get online billing setup	Displays the online billing setup	Patient
Patient wants to see the prescribed medication	Prescribed medication info	Patient	Get prescribed medication info	Searches for prescribed medication info and displays it	Patient
Patient wants to give feedback about hospital	Feedback form	Patient	Get feedback form	Displays feedback form	Management staff

EVENT TABLE FOR PATIENTS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Patient gets notified if doctor has postponed or cancelled appointment	Notify about postpone or cancel of appointment	Patient	Get notify about postpone or cancel of appointment	Notification pops up for postpone or cancellation of appointment	Patient
Patient wants to postpone an appointment	Postpone appointment	Patient	Postpone the appointment with doctor	Postpone the appointment and sends a message to the doctor	Doctor
Patient gets reminder for appointment	Reminder for appointment	Patient	Get reminder for appointment	Patient gets a reminder of appointment details	Patient

EVENT TABLE FOR PATIENTS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Patient wants the test report	Test report	Patient	Get test report	Checks for test report and displays it	Patient
Patient wants to cancel an appointment	Cancel appointment	Patient	Cancel the appointment with doctor	Cancel the appointment and sends a message to the doctor	Doctor
Patient wants to make an inquiry regarding something	Inquiry	Patient	Make inquiry	Makes a message which gets sent to the receptionist	Receptionist

EVENT TABLE FOR PATIENTS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Patient wants to order medicines online from the pharmacy	Order medicines	Patient	Order medicines online	Order medicines according to the prescription given by the doctor	Pharmacy staff



CATERING STAFF



- Event Planner
- Supervisor
- Chefs
- Serving Staff

EVENTS

- Food Stock info
(External event)
- Chef's info (External event)
- Room food delivery according to patients needs (External event)
- Total Patients info
- Dishes to be made

Catering Staff

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	20 hrs
Backend	20 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	49 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR CATERING STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Catering staff wants to know the food stock info	Food stock info	Catering staff	Get Food stock info	Checks for amount of food stock left and displays it	Catering staff
Chefs want to know the dishes to be made everyday	Dishes info	Chefs	Get dishes info	Displays the list of dishes to be made everyday	Chefs
Catering staff wants to know which room is left for food to be delivered	Room food delivery info	Catering staff	Get room food delivery info	Checks for the rooms where food is not delivered and displays the room no.	Catering staff

EVENT TABLE FOR CATERING STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Catering staff wants to know the no. of patients info	No. of patients info	Catering staff	Get no. of patients info	Searches for no. of patients info and displays it	Catering staff
Event planner wants to update the daily dishes to be made by the chefs	Daily dishes info	Event planner	Update daily dishes info	Updates the list of dishes to be made everyday for chefs to see	Chefs
Supervisor wants to give feedback to the chefs about the food quality	Food quality feedback	Supervisor	Update food quality feedback	Updates the food quality feedback for the chefs to see	Chefs

EVENT TABLE FOR CATERING STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Catering staff wants to get his/her salary	Catering staff salary	Catering staff	Request for Catering staff salary	Checks if the salary is transferred to the catering staff from management staff	Catering staff
Catering staff wants to apply for leave for some days	Request for leave	Catering staff	Send request for leave	Sends a message to request for leave to the management staff	Management staff
Catering staff wants to get info of fellow members	Catering staff members info	Catering staff	Get Catering staff members info	Searches for catering staff members info and displays it	Catering staff

EVENT TABLE FOR CATERING STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Catering person wants to give resignation	Give resignation	Catering staff	Send resignation letter	Sends resignation letter to the management staff	Management staff



SURGEONS



- **Cardiothoracic surgeon**
- **Neurosurgeon**
- **Otolaryngology surgeon**
- **Ophthalmic surgeon**
- **Oculoplastic surgeon**
- **Plastic surgeon**
- **Colon and rectal**
surgeon
- **Trauma surgeon**
- **Vascular surgeon**
- **Podiatric surgeons**
- **Transplant surgeon**

EVENTS

- **Operation timings**
(Temporal event)
- **Info about the**
patient(External event)
- **Info about the type of**
surgery (State event)

Surgeons

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	20 hrs
Backend	15 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	44 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 8000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 19,000

EVENT TABLE FOR SURGEONS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Surgeon wants to know about operation timings	Operation timings	Surgeons	Get operation timings	Searches for operation timings and displays it	Surgeons
Surgeon wants to know the patient info	Patient info	Surgeon	Get Patient info	Searches for the patient info and displays it	Surgeon
Surgeon wants info about the type of surgery	Surgery info	Surgeon	Get surgery info	Displays the surgery info	Surgery info

EVENT TABLE FOR SURGEONS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Surgeons gets reminder for operation	Reminder for operation	Surgeon	Get reminder for operation	Surgeon gets a reminder of operation details	Surgeon
Surgeon wants to get his/her salary	Surgeon salary	Surgeon	Request for surgeon salary	Checks if the salary is transferred to the surgeon from management staff	Surgeon
Surgeon wants to reschedule the operation	Reschedule operation	Surgeon	Reschedule the operation	Notifies the patient about rescheduling of the operation	Surgeon

EVENT TABLE FOR SURGEONS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Surgeons wants info of other surgeons	Surgeons info	Surgeons	Get surgeon info	Searches for surgeon info and displays it	Surgeons
Surgeon wants the medical history of the patient	Patients medical history	Surgeons	Get patients medical history	Searches for patients medical history and displays it	Surgeons
Surgeon wants to prescribe medication for patient after operation	Prescribe medication for patients	Surgeons	Send medication for patients	Sends the medication of patients	Patients

EVENTS

- Info about Medicines
(State event)
- Updating about new medicines (External event)
- Removal of expired medicines (External event)
- Info about medical equipments
(State event)

PHARMACIST

- Billing staff
- Delivery staff
- Clerk

Pharmacist

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	30 hrs
Backend	15 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	54 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR PHARMACIST

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Pharmacist wants to know the medicines info	Medicines info	Pharmacist	Get Medicines info	Displays the info of different types of medicines	Pharmacist
Pharmacist wants to update info about new medicines	Medicines updation	Pharmacist	Update medicines info	Updates the medicine info and displays it	Pharmacist
Pharmacist wants to remove info about expired medicines	Medicines removal	Pharmacist	Deletes medicines info	Deletes the expired medicine info and displays remaining medicines	Pharmacist

EVENT TABLE FOR PHARMACIST

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Pharmacist wants to know the medical equipments info	Medical equipments info	Pharmacist	Get Medical equipments info	Displays the info of medical equipments	Pharmacist
Pharmacist wants to request for new stock of medicines	New stock of medicines	Pharmacist	Request new stock of medicines	Requests the medicines dealers for new stock of medicines	Medicines dealers
Pharmacist wants to apply for leave for some days	Apply for leave	Pharmacist	Sends request for leave	Sends a request for leave to the management staff	Management staff
Pharmacist wants to get info of other pharmacy staff members	Info of other pharmacy staff members	Pharmacist	Get info of other pharmacy staff members	Searches for info of other members and displays it	Pharmacist

EMERGENCY SERVICE DEPARTMENT

AMBULANCE STAFF

(Software use on a tab
which is connected to the
hospital)

- Ambulance Driver
- Doctor
- Nurse
- Emergency Medical
Technician

EVENTS

- Info about patient (External event)
- Record of emergency equipment & first aid (External event)
- Availability of Ambulance (External event)
- AMBULANCE EVENTS:
 1. Patient login on tab
 2. Tab connected to medical devices that give patients health info

Ambulance Staff

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	30 hrs
Backend	15 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	54 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR AMBULANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Ambulance staff wants the info of health of patient	Patient's health info	Ambulance staff	Get patient's health info	Checks if patient info is available and displays it	Ambulance staff
Ambulance staff wants the info of emergency equipment and first aid	Emergency equipments and first aid info	Ambulance staff	Get emergency equipments and first aid info	Get the equipments and first aid info and displays it	Ambulance staff
Ambulance staff wants to know the availability of Ambulance	Ambulance availability	Ambulance staff	Get ambulance availability	Checks for available ambulance and then allots it to emergency patients	Patients

EVENT TABLE FOR AMBULANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Ambulance staff wants to get his/her salary	Ambulance staff salary	Ambulance staff	Request for Ambulance staff salary	Checks if the salary is transferred to the Ambulance staff from management staff	Ambulance staff
Ambulance staff requests for surgeons in emergency	Request for surgeons	Ambulance staff	Request for surgeons	Checks if surgeons are available and requests them to come in case of emergency	Ambulance staff
Ambulance staff wants the optimised route to go to the patients house	Optimised route	Ambulance staff	Get optimised route	Searches for optimised route and displays it	Ambulance staff

EVENT TABLE FOR AMBULANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Ambulance staff wants the info of other Ambulance staff members	Info of Ambulance staff members	Ambulance staff	Get info of Ambulance staff members	Searches for info of Ambulance staff members and displays it	Ambulance staff
Ambulance staff wants to check on the maintenance of the ambulance	Info of maintenance of ambulance	Ambulance staff	Get info of maintenance of Ambulance	Checks for info of maintenance of ambulance and displays it	Ambulance staff
Ambulance staff wants to apply for leave for a few days	Leave for a few days	Ambulance staff	Request leave for a few days	Sends request to management staff to request leave for few days	Management staff



MAINTENANCE STAFF

- Medical Technicians
- Plumbers
- Painting staff
- Flooring repair staff
- Electrical repair staff

EVENTS

- Repair of electronic equipments (External event)
- Reminder for regular checkups of control panel and electric wiring
- Records of functionality of systems
- Info about the equipments

Maintenance Staff

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	30 hrs
Backend	25 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	64 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR MAINTENANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Maintenance staff wants equipments info	Equipments info	Maintenance staff	Get Equipments info	Checks for equipment info and displays it	Maintenance staff
Reminder to maintenance staff for regular checkups of control panel and electric wiring	Reminder for checkup	Maintenance staff	Get reminder for checkup	Checks for reminders and problems and displays it	Maintenance staff
Maintainance staff wants to know the records of functionality of systems	Records of functionality of systems	Maintenance staff	Get records of functionality of systems	Searches for the records and displays it	Maintenance staff

EVENT TABLE FOR MAINTAINANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Maintenance staff wants to check for repairs of equipments	Repair of Equipments info	Maintenance staff	Get repair of Equipments info	Checks if any equipment has to be repaired and displays it	Maintenance staff
Maintenance staff wants to get his/her salary based on the work done	Maintenance staff salary	Maintenance staff	Request for Maintenance staff salary	Checks if the salary is transferred to the Maintenance staff from management staff	Maintenance staff
Maintenance staff wants to update the ambulance maintenance to the ambulance staff	Ambulance maintenance info	Maintenance staff	Update Ambulance maintenance info	Updates Ambulance condition info and sends it to Ambulance staff	Ambulance staff

EVENT TABLE FOR MAINTAINANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Maintenance staff wants info of other maintenance staff members	Info of maintenance staff members	Maintenance staff	Get info of maintenance staff members	Searches for info of maintenance staff members and displays it	Maintenance staff





MEDICINE AND EQUIPMENT DEALERS

- Manufacturers
- Distributors
- National wholesalers
- Exporters
- Providers

EVENTS

- Info about stock of medicines (External event)
- Info about stock of equipments (External event)
- Billing history (External event)
- Reminder to refil stock along with delivery date

Medicine And Equipment Dealers

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	25 hrs
Backend	25 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	59 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR MEDICINE AND EQUIPMENT DEALERS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Medicine Dealers want to know the stock of medicines	Stock of medicines info	Medicine Dealers	Get stock of medicines info	Checks for stock of medicines and displays it	Medicine Dealers
Equipment Dealers want to know the stock of medical equipments	Stock of equipments info	Equipment Dealers	Get stock of equipments info	Checks for stock of equipments and displays it	Equipment Dealers
Dealers want to know the billing history	Billing history info	Medicine and equipment dealers	Get Billing history	Searches for the billing history and displays it	Medicine and equipment dealers

EVENT TABLE FOR MEDICINE AND EQUIPMENT DEALERS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Reminder to refill stock when it gets over	Reminder for refill of stock	Medicine and equipment dealers	Get reminder for refill of stock	Checks for reminders and displays it	Medicine and equipment dealers
Dealers want to check if they have been paid for the medicines and equipments	Payment for medicines and equipments	Medicine and equipment dealers	Get payment for medicines and equipments	Request the management staff to pay	Medicine and equipment dealers
Dealers wants info of other dealer staff members	Info of dealers	Medicine and equipment dealers	Get info of dealers members	Searches for info of all dealers and displays it	Medicine and equipment dealers





PATHOLOGY STAFF

- Administrator
- Lab Assistant
- Lab Doctor

EVENTS

- Info about patients (External event)
- Info about various tests (State event)
- Info about equipment (External event)
- Test reports (External event)
- Billing receipt (External event)

Pathology Staff

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	30 hrs
Backend	25 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	64 hrs

<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Cloud and Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

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EVENT TABLE FOR PATHOLOGY STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Pathology staff wants the info of health of patients	Patient's health info	Pathology staff	Get patient's health info	Checks if patient info is available and displays it	Pathology staff
Pathology staff wants info about various tests	Various tests info	Pathology staff	Get various tests info	Displays the list of various tests	Pathology staff
Pathology staff wants lab equipments info	Lab equipments info	Pathology staff	Get lab equipments info	Checks for lab equipment info and displays it	Pathology staff
Pathology staff wants history of test reports	Test reports	Pathology staff	Get test reports	Searches for test reports and displays them	Pathology staff

EVENT TABLE FOR PATHOLOGY STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Pathology staff wants to make the billing receipt	Billing receipt	Pathology staff	Create billing receipt	Makes the billing receipt	Pathology staff
Pathology staff wants to get his/her salary	Pathology staff salary	Pathology staff	Request for Pathology staff salary	Checks if the salary is transferred to the Pathology staff from management staff	Pathology staff
Pathology staff wants to apply for leave for some days	Request for leave	Pathology staff	Send request for leave	Sends a message to request for leave to the management staff	Management staff

EVENT TABLE FOR PATHOLOGY STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Pathology staff wants info of other Pathology staff members	Info of pathology staff members	Pathology staff	Get info of pathology staff members	Searches for info of pathology staff members and displays it	Pathology staff
Pathology staff wants to give resignation	Give resignation	Pathology staff	Send resignation letter	Sends resignation letter to the management staff	Management staff





MANAGEMENT STAFF

- Administrator
- Chairperson
- Account Manager
- Patient care manager
- Operation director
- Health information manager
- HR manager

EVENTS

- All people available in hospital info (External event)
- Budget info (External event)
- Billings info (External event)
- Salaries info (External event)
- New recruitments info (External event)
- Number of equipments info (External event)

Management Staff

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	2 hrs
Frontend	50 hrs
Backend	30 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	90 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 5000
Physical Resources	Rs. 20,000
Software purchasing	Rs 20,000
<u>TOTAL</u>	Rs. 45,000

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants the total no. of doctors info	No. of doctors info	Management staff	Get no. of doctors info	Searches all the doctors info and displays it	Management staff
Management staff wants the total no. of nurses info	No. of nurses info	Management staff	Get no. of nurses info	Searches all the nurses info and displays it	Management staff
Management staff wants the total no. of clerks info	No. of clerks info	Management staff	Get no. of clerks info	Searches all the clerks info and displays it	Management staff
Management staff wants the total no. of patients info	No. of patients info	Management staff	Get no. of patients info	Searches all the patients info and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants the total no. of catering staff info	No. of catering staff info	Management staff	Get no. of catering staff info	Searches all the catering staff info and displays it	Management staff
Management staff wants the total no. of surgeons info	No. of surgeons info	Management staff	Get no. of surgeons info	Searches all the surgeons info and displays it	Management staff
Management staff wants the total no. Of pharmacists info	No. of pharmacists info	Management staff	Get no. of pharmacists info	Searches all the pharmacists info and displays it	Management staff
Management staff wants the total no. of ambulance staff info	No. of ambulance staff info	Management staff	Get no. of ambulance staff info	Searches all the ambulance staff info and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants the total no. of maintenance staff info	No. of maintenance staff info	Management staff	Get no. of maintenance staff info	Searches all the maintenance staff info and displays it	Management staff
Management staff wants the total no. of dealers info	No. of dealers info	Management staff	Get no. of dealers info	Searches all the dealers info and displays it	Management staff
Management staff wants the total no. of pathology staff info	No. of pathology staff info	Management staff	Get no. of pathology staff info	Searches all the pathology staff info and displays it	Management staff
Management staff wants the total no. of receptionists info	No. of receptionists info	Management staff	Get no. of receptionists info	Searches all the receptionists info and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants the total no. of security staff info	No. of security staff info	Management staff	Get no. of security staff info	Searches all the security staff info and displays it	Management staff
Management staff wants the total no. of insurance staff info	No. of insurance staff info	Management staff	Get no. of insurance staff info	Searches all the insurance staff info and displays it	Management staff
Management staff wants the total no. of trust staff info	No. of trust staff info	Management staff	Get no. of trust staff info	Searches all the trust staff info and displays it	Management staff
Management staff wants the total no. of medical college staff info	No. of medical college staff info	Management staff	Get no. of medical college staff info	Searches all the medical college staff info and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants the total no. of finance staff info	No. of finance staff info	Management staff	Get no. of finance staff info	Searches all the finance staff info and displays it	Management staff
Management staff wants the total no. of hospital library staff info	No. of hospital library staff info	Management staff	Get no. of hospital library staff info	Searches all the hospital library staff info and displays it	Management staff
Management staff wants the Budget info and history	Budget info and history	Management staff	Get budget info and history	Searches all the budget info and history and displays it	Management staff
Management staff wants the billing info of all departments	Billing info	Management staff	Get Billing info	Searches all the billing info of all departments and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants the salary info of all the staff	Salary info	Management staff	Get Salary info	Searches all the salary info and displays it	Management staff
Management staff wants the total no. of new recruitments info	No. of new recruitments info	Management staff	Get no. of new recruitments info	Searches all the new recruitments info and displays it	Management staff
Management staff wants the no. of equipments info	No. of equipments info	Management staff	Get no. of equipments info	Checks for all the equipments and displays it	Management staff
Management staff updates stock of medicines	Stock of medicines	Management staff	Update stock of medicines	Checks the stock and updates it for the dealers to see	Medicine dealers

EVENT TABLE FOR MANAGEMENT STAFF

EVENTS	TRIGGER	SOURCE	ACTIVITY	RESPONSE	DESTINATION
Management staff sends reminder to refill stock when it gets over	Reminder for refill of stock	Management staff	Send reminder for refill of stock	Sends reminders to the medicine and equipment dealers for refill of stock	Medicine and equipment dealers
Management staff sends reminder for regular checkup of control panel and electric wiring	Reminder for regular checkup	Management staff	Send reminder for regular checkup	Sends reminder to maintenance staff for regular checkup	Maintenance staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff sends reminder for repairs of equipments	Reminder for repairs of equipments	Management staff	Send reminder for repairs of equipments	Sends reminders to maintenance staff for repairs of equipments	Maintenance staff
Management staff wants to know the attendance of all staff	Staff attendance	Management staff	Get staff attendance	Searches for staff attendance and displays it	Management staff
Management staff updates stock of equipments	Stock of equipments	Management staff	Update stock of equipments	Checks the stock and updates it for the dealers to see	Equipment dealers

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants to check doctors on leave	Doctors on leave	Management staff	Get no. of doctors on leave	Searches all the doctors on leave and displays it	Management staff
Management staff wants to check nurses on leave	Nurses on leave	Management staff	Get no. of nurses on leave	Searches all the nurses on leave and displays it	Management staff
Management staff wants to check clerical staff on leave	Clerical staff on leave	Management staff	Get no. of clerical staff on leave	Searches all the clerical staff on leave and displays it	Management staff
Management staff wants to check catering staff on leave	Catering staff on leave	Management staff	Get no. of catering staff on leave	Searches all the catering staff on leave and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants to check surgeons on leave	Surgeons on leave	Management staff	Get no. of surgeons on leave	Searches all the surgeons on leave and displays it	Management staff
Management staff wants to check pharmacists on leave	Pharmacist on leave	Management staff	Get no. of Pharmacists on leave	Searches all the Pharmacist on leave and displays it	Management staff
Management staff wants to check ambulance staff on leave	Ambulance staff on leave	Management staff	Get no. of ambulance staff on leave	Searches all the ambulance staff on leave and displays it	Management staff
Management staff wants to check maintenance staff	Maintenance staff on leave	Management staff	Get no. of maintenance staff on leave	Searches all the maintenance staff on leave and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants to check pathology staff on leave	Pathology staff on leave	Management staff	Get no. of pathology staff on leave	Searches all the pathology staff on leave and displays it	Management staff
Management staff wants to check management staff on leave	Management staff on leave	Management staff	Get no. of management staff on leave	Searches all the management staff on leave and displays it	Management staff
Management staff wants to check receptionist staff on leave	Receptionist staff on leave	Management staff	Get no. of receptionist staff on leave	Searches all the receptionist staff on leave and displays it	Management staff
Management staff wants to check security staff on leave	Security staff on leave	Management staff	Get no. of security staff on leave	Searches all the security staff on leave and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants to check Medical college staff on leave	Medical college staff on leave	Management staff	Get no. of medical college staff on leave	Searches all the medical college staff on leave and displays it	Management staff
Management staff wants to check finance staff on leave	Finance staff on leave	Management staff	Get no. of finance staff on leave	Searches all the finance staff on leave and displays it	Management staff
Management staff wants to check hospital library staff on leave	Hospital library staff on leave	Management staff	Get no. of hospital library staff on leave	Searches all the hospital library staff on leave and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants to check if doctors are given salary	Doctors given salary	Management staff	Get no. of doctors given salary	Searches all the doctors given salary and displays it	Management staff
Management staff wants to check if nurses are given salary	Nurses given salary	Management staff	Get no. of nurses given salary	Searches all the nurses given salary and displays it	Management staff
Management staff wants to check if clerical staff are given salary	Clerical staff given salary	Management staff	Get no. of clerical staff given salary	Searches all the clerical staff given salary and displays it	Management staff
Management staff wants to check if catering staff are given salary	Catering staff given salary	Management staff	Get no. of catering staff given salary	Searches all the catering staff given salary and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants to check if surgeons are given salary	Surgeons given salary	Management staff	Get no. of surgeons given salary	Searches all the surgeons given salary and displays it	Management staff
Management staff wants to check if ambulance staff are given salary	Ambulance staff given salary	Management staff	Get no. of ambulance staff given salary	Searches all the ambulance staff given salary and displays it	Management staff
Management staff wants to check if maintenance staff are given salary	Maintenance staff given salary	Management staff	Get no. of maintenance staff given salary	Searches all the maintenance staff given salary and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants to check if Pathology staff are given salary	Pathology staff given salary	Management staff	Get no. of pathology staff given salary	Searches all the pathology staff given salary and displays it	Management staff
Management staff wants to check if management staff are given salary	Management staff given salary	Management staff	Get no. of management staff given salary	Searches all the management staff given salary and displays it	Management staff
Management staff wants to check if receptionists are given salary	Receptionists given salary	Management staff	Get no. of receptionists given salary	Searches all the receptionists given salary and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants to check if Security staff are given salary	Security staff given salary	Management staff	Get no. of security staff given salary	Searches all the security staff given salary and displays it	Management staff
Management staff wants to check if medical college staff are given salary	Medical college staff given salary	Management staff	Get no. of medical college staff given salary	Searches all the medical college staff given salary and displays it	Management staff
Management staff wants to check if finance staff are given salary	Finance staff given salary	Management staff	Get no. of finance staff given salary	Searches all the finance staff given salary and displays it	Management staff

EVENT TABLE FOR MANAGEMENT STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Management staff wants to check if hospital library staff are given salary	Hospital library staff given salary	Management staff	Get no. of hospital library staff given salary	Searches all the hospital library staff given salary and displays it	Management staff
Management staff wants to get info of other management staff members	Management staff members info	Management staff	Get management staff members info	Searches management staff info and displays it	Management staff
Management staff wants to have a meeting with all the employees of hospital	Meeting with all members	Management staff	Request for a meeting with all members	Send a meeting request to all the members	All the stakeholders

RECEPTIONIST



- Receptionist staff
- Front office
- Executive**
- Telephone operator
- Supervisor

EVENTS

- Registration of patients (External event)
- Final billing (External event)
- Info about all staff and patients (External event)

Receptionist

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	2 hrs
Frontend	30 hrs
Backend	20 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	60 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR RECEPTIONISTS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Receptionists wants to register patients info	Register patients info	Receptionists	Set patient info	Registers patient info and sends it to various staff	Doctors,nurses, management staff
Receptionists wants the info of patients admitted	Patient's info	Receptionists	Get patient's info	Checks if patient info is available and displays it	Receptionists
Receptionists wants to make the final bill	Final billing	Receptionists	Create final bill	Displays final billing page	Receptionists, Patients
Receptionists wants to know the attendance of all staff	Staff attendance	Receptionists	Get staff attendance	Searches for staff attendance and displays it	Receptionists

EVENT TABLE FOR RECEPTIONISTS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Receptionists wants to know the availability of rooms	Room availability	Receptionists	Get room availability	Checks for available rooms and displays the room no.	Receptionists
Receptionists wants to schedule appointment timing	Schedule appointment timing	Receptionists	Set appointment timing	Displays availability of doctors and then sets appointment timing	Receptionists, Nurses, Doctors
Receptionists wants to notify the clerical staff to guide the visitors to the proper room	Notify clerical staff	Receptionists	Send notification to clerical staff	Sends notification to clerical staff to come to the main lobby	Clerical staff

EVENT TABLE FOR RECEPTIONISTS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Receptionist wants to send the bill of patients to the management staff	Patients bill	Receptionist	Send patients bill	Searches for patients bill and sends it to the management staff	Management staff
Receptionist wants to get his/her salary	Receptionist salary	Receptionist	Request for Receptionists salary	Checks if the salary is transferred to the Receptionist from management staff	Receptionist
Receptionist wants to apply for leave for some days	Request for leave	Receptionist	Send request for leave	Sends a message to request for leave to the management staff	Management staff

EVENT TABLE FOR RECEPTIONISTS

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Receptionist wants to get info about other receptionist staff members	Receptionist staff members info	Receptionist	Get receptionist staff members info	Searches for receptionist staff info and displays it	Receptionist
Receptionist wants to give resignation	Give resignation	Receptionist	Send resignation letter	Sends resignation letter to the management staff	Management staff



SECURITY STAFF



- Hospital security arrangements staff
- *CCTV Control Room Staff*

EVENTS

- Info about all the members in the hospital (External event)
- CCTV Access (External event)
- Info about the medicines and equipments being sent by dealers (External event)

Security Staff

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	25 hrs
Backend	20 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	55 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR SECURITY STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Security wants to know the info of all the members of the hospital	Members of hospital info	Security staff	Get members of hospital info	Searches for all the members info and display it	Security staff
Security staff wants to access CCTV footage	CCTV footage	Security staff	Get CCTV footage	Displays the CCTV footage	Security staff
Security staff wants to check the medicines and equipments sent by dealer	Medicines and equipments info	Security staff	Get medicines and equipments info	Searches for medicines and equipments info and displays it	Security staff

EVENT TABLE FOR SECURITY STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Security staff wants to get his/her salary	Security staff salary	Security staff	Request for Security staff salary	Checks if the salary is transferred to the security staff from management staff	Security staff
Security staff wants to apply for leave for some days	Request for leave	Security staff	Send request for leave	Sends a message to request for leave to the management staff	Management staff
Security staff wants to get info about other staff members	Security staff members info	Security staff	Get security staff members info	Searches for security staff info and displays it	Security staff

EVENT TABLE FOR SECURITY STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Security staff wants to give resignation	Give resignation	Security staff	Send resignation letter	Sends resignation letter to the management staff	Management staff



INSURANCE STAFF



- Patient access insurance verifier staff
- Insurance clerk staff
- Insurance coordination staff
- Insurance verification specialist

EVENTS

- Tax Benefits(External event)
- Group Health Insurance Policies
- Benefits in low cost
- Hospital liability insurance

Insurance Staff

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	30 hrs
Backend	30 hrs
Testing the code	3 hrs
Code review	1 hrs
<u>TOTAL</u>	68 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR INSURANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Insurance staff wants the info of patients getting benefits in low cost	Patients getting benefits in low cost	Insurance staff	Get patient getting benefits in low cost info	Searches for patient info and displays it	Insurance staff
Insurance staff wants the info of patients in group health policy	Patients in group health policy	Insurance staff	Get patients in group health policy	Searches for patient info and displays it	Insurance staff
Insurance staff wants to see the feedback from patients	Feedback form	Insurance staff	Get feedback form	Searches for feedback form and displays it	Insurance staff

EVENT TABLE FOR INSURANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Insurance staff wants to get his/her salary	Insurance staff salary	Insurance staff	Request for Insurance staff salary	Checks if the salary is transferred to the insurance staff from management staff	Insurance staff
Insurance staff wants to apply for leave for some days	Request for leave	Insurance staff	Send request for leave	Sends a message to request for leave to the management staff	Management staff
Insurance staff wants to get info about other staff members	Insurance staff members info	Insurance staff	Get Insurance staff members info	Searches for insurance staff info and displays it	Insurance staff

EVENT TABLE FOR INSURANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Insurance staff wants to give resignation	Give resignation	Insurance staff	Send resignation letter	Sends resignation letter to the management staff	Management staff



BOARD OF TRUSTEES



- Employee ownership trust staff
- Hospital workers trust staff
- Special needs trust staff

EVENTS

- Info about hospital trust (External event)
- Joining charitable trust and NGO's
- Public help service through trust
- Free medical facilities to poor people

Board of Trustees

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	30 hrs
Backend	15 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	54 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR BOARD OF TRUSTEES

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Trust staff wants info about the hospital trust	Hospital Trust info	Trust staff	Get hospital trust info	Searches the hospital trust info and displays it	Trust staff
Trust staff wants info about free medical facilities to poor people	Free medical facilities info	Trust staff	Get free medical facilities info	Searches for free medical facilities info and displays it	Trust staff
Trust staff wants info on GST on hospital	GST info	Trust staff	Get GST info	Searches for GST info and displays it	Trust staff
Trust staff wants info on Ambulance services trust	Ambulance services trust info	Trust staff	Get Ambulance services trust info	Searches for ambulance services trust info and displays it	Trust staff

EVENT TABLE FOR BOARD OF TRUSTEES

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Trust staff wants to get his/her salary	Trust staff salary	Trust staff	Request for Trust staff salary	Checks if the salary is transferred to the trust staff from management staff	Trust staff
Trust staff wants to apply for leave for some days	Request for leave	Trust staff	Send request for leave	Sends a message to request for leave to the management staff	Management staff
Trust staff wants to get info about other staff members	Trust staff members info	Trust staff	Get Trust staff members info	Searches for trust staff info and displays it	Trust staff

EVENT TABLE FOR BOARD OF TRUSTEES

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Trust staff wants to give resignation	Give resignation	Trust staff	Send resignation letter	Sends resignation letter to the management staff	Management staff





MEDICAL COLLEGE STAFF

- Doctors teaching staff
- Students
- Dean
- Professor
- Head Of Department
- Ward Incharge
- Hostel Incharge
- Warden

EVENTS

- Online notes (External event)
- Attendance(External event)
- College timetable (External event)
- Exams info
- Doctors info
- Students info

Medical College Staff

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	30 hrs
Backend	25 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	64 hrs

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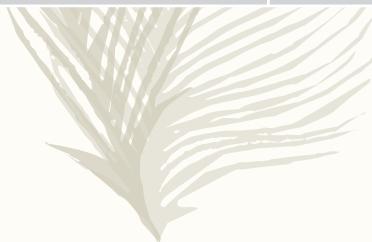
<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR MEDICAL COLLEGE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Medical college staff wants the total no. of doctor teachers info	No. of doctors teachers info	Medical college staff	Get no. of doctors teachers info	Searches all the doctors teachers info and displays it	Medical college staff
Medical college staff wants the total no. of students info	No. of students info	Medical college staff	Get no. of students info	Searches all the students info and displays it	Medical college staff
Medical college staff wants timetable info	Timetable info	Medical college staff	Get timetable info	Displays the timetable section wise	Medical college staff
Medical college staff wants exams info	Exams info	Medical college staff	Get exams info	Displays the exam section wise	Medical college staff

EVENT TABLE FOR MEDICAL COLLEGE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Medical college staff wants Attendance of students info	Attendance of students info	Medical college staff	Get Attendance of students info	Displays the Attendance of students section wise	Medical college staff
Medical college staff wants Attendance of doctor teachers info	Attendance of doctor teachers info	Medical college staff	Get Attendance of doctor teachers info	Displays the Attendance of doctor section wise	Medical college staff
Medical college staff wants Online notes	Online notes	Medical college staff	Get online notes	Searches for online notes and displays it	Medical college staff



FINANCE STAFF



- Accountants
- Administrators
- Finance Manager
- Banking Staff

EVENTS

- Overall budget of the hospital(External event)
- Total income per day
- Total expenditure per day
- Costs of medicines and equipments
- Salaries of all the Hospital Staff

Finance Staff

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	40 hrs
Backend	35 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	84 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR FINANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Finance staff wants the Budget info and history	Budget info and history	Finance staff	Get budget info and history	Searches all the budget info and history and displays it	Finance staff
Finance staff wants the total income per day	Total income per day	Finance staff	Get total income per day	Displays the total income per day	Finance staff
Finance staff wants the total expenditure per day	Total expenditure per day	Finance staff	Get total expenditure per day	Displays the total expenditure per day	Finance staff
Finance staff wants info about the cost of medicines and equipments	Cost of medicines and equipments	Finance staff	Get cost of medicines and equipments	Searches the cost of medicines and equipments and displays it	Finance staff

EVENT TABLE FOR FINANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Finance staff wants info about the Salaries of all members of hospital	Salaries of members of hospital	Finance staff	Get Salaries of members of hospital	Searches all the salaries of memberes and displays it	Finance staff
Finance staff wants the bills of the patients	Bills of patients	Finance staff	Get bills of the patients	Searches the bills of the patients and displays it	Finance staff
Finance staff wants to give resignation	Give resignation	Finance staff	Send resignation letter	Sends resignation letter to the management staff	Management staff

EVENT TABLE FOR FINANCE STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Finance staff wants to get his/her salary	Finance staff salary	Finance staff	Request for Finance staff salary	Checks if the salary is transferred to the finance staff from management staff	Finance staff
Finance staff wants to apply for leave for some days	Request for leave	Finance staff	Send request for leave	Sends a message to request for leave to the management staff	Management staff
Finance staff wants to get info about other staff members	Finance staff members info	Finance staff	Get finance staff members info	Searches for finance staff info and displays it	Finance staff



HOSPITAL LIBRARY STAFF

- Administrator
- Attending Staff
- House Staff
- Physician
- Librarian
- Nursing Staff
- Director of Medical Education

EVENTS

- Doctors book records (External event)
- Staff book records (External event)
- Book return time schedule (Temporal event)
- No. of books info(External event)

Hospital Library Staff

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	30 hrs
Backend	15 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	54 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

EVENT TABLE FOR HOSPITAL LIBRARY STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Hospital library staff wants info about the doctors teachers book records	Doctor teachers book records	Hospital library staff	Get Doctors teachers book records	Searches the book records of Doctor teachers and displays it	Hospital library staff
Hospital library staff wants info about the students book records	Students book records	Hospital library staff	Get student book records	Searches the book records of student and displays it	Hospital library staff
Hospital library staff wants info about the book return time schedule	Book return time schedule	Hospital library staff	Get Book return time schedule	Displays the book return time schedule	Hospital library staff
Hospital library staff wants the no. of books info	No. of books info	Hospital library staff	Get no. of books info	Searches the no. of books info and displays it	Hospital library staff

EVENT TABLE FOR HOSPITAL LIBRARY STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Library staff wants to get his/her salary	Hospital library staff salary	Hospital library staff	Request for library staff salary	Checks if the salary is transferred to the Library staff from management staff	Hospital library staff
Library staff wants to apply for leave for some days	Request for leave	Hospital library staff	Send request for leave	Sends a message to request for leave to the management staff	Management staff
Library staff wants to get info about other staff members	Hospital library staff members info	Hospital library staff	Get library staff members info	Searches for library staff info and displays it	Hospital library staff

EVENT TABLE FOR HOSPITAL LIBRARY STAFF

<u>EVENTS</u>	<u>TRIGGER</u>	<u>SOURCE</u>	<u>ACTIVITY</u>	<u>RESPONSE</u>	<u>DESTINATION</u>
Library staff wants to give resignation	Give resignation	Hospital library staff	Send resignation letter	Sends resignation letter to the management staff	Management staff



Dashboard

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<u>TASKS</u>	<u>HOURS</u>
Task Analysis	3 hrs
Task breakdown and distribution	1 hr
Frontend	40 hrs
Backend	35 hrs
Testing the code	3 hrs
Code review	2 hrs
<u>TOTAL</u>	84 hrs

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<u>CRITERIA</u>	<u>COST</u>
Planning and Analysis	Rs. 1000
Physical Resources	Rs. 10,000
Software purchasing	Rs. 10,000
<u>TOTAL</u>	Rs. 21,000

DATABASE TABLE

**BELOW 5 TABLES ARE
JUST FOR REFERENCE**

DOCTOR REGISTRATION

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	Varchar2(30)	Not Null	
Login_id	Varchar2(30)	Not Null	Primary Key
Password	Varchar2(30)	Not null	
Department	Varchar2(30)	Not null	
Specialization	Varchar2(30)	Not null	
Phone Number	BigInt(10)	Not null	
Address	Varchar2(30)	Not null	
Email id	Varchar2(30)	Not null	

APPOINTMENT BOOKING

NAME	DATATYPE	NULL/NOT NULL	KEY
Login id	Int(50)	Not Null	Primary Key
Full Name	Varchar2(30)	Not Null	
DOB	Date	Not Null	
Gender	Varchar2(10)	Not Null	
Age	Int(10)	Not Null	
Password	Varchar2(30)	Not null	
Department	Varchar2(30)	Not null	
Specialization	Varchar2(30)	Not null	
Phone Number	BigInt(10)	Not null	
Email id	Varchar2(30)	Not null	



EMPLOYEE REGISTRATION

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	Varchar2(30)	Not Null	
Login_id	Varchar2(30)	Not Null	Primary Key
Password	Varchar2(30)	Not null	
Department	Varchar2(30)	Not null	
Specialization	Varchar2(30)	Not null	
Phone Number	BigInt(10)	Not null	
Address	Varchar2(30)	Not null	
Email id	Varchar2(30)	Not null	

IN PATIENT REGISTRATION

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	Varchar2(30)	Not Null	
Id	Int(50)	Not Null	
Gender	Varchar2(30)	Not Null	
Mobile no.	BigInt(10)	Not Null	
Telephone no.	BigInt(8)	Not Null	
Marital status	Varchar2(30)	Not Null	
Occupation	Varchar2(30)	Not Null	
Admit_date	Date	Not Null	
Admit_time	Date	Not Null	
Symptoms	Varchar2(30)	Not Null	
Department	Varchar2(30)	Not Null	
Ward_type	Varchar2(30)	Not Null	
Ward_no.	Int(50)	Not Null	
Bed_no.	Int(50)	Not Null	
Doctor	Varchar2(30)	Not Null	

OUTPATIENT REGISTRATION

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	Varchar2(30)	Not Null	
Id	Int(50)	Not Null	
Gender	Varchar2(30)	Not Null	
Mobile no.	BigInt(10)	Not Null	
Telephone no.	BigInt(8)	Not Null	
Marital status	Varchar2(30)	Not Null	
Occupation	Varchar2(30)	Not Null	
Admit_date	Date	Not Null	
Admit_time	Date	Not Null	
Symptoms	Varchar2(30)	Not Null	
Department	Varchar2(30)	Not Null	
Ward_type	Varchar2(30)	Not Null	
Ward_no.	Int(50)	Not Null	
Bed_no.	Int(50)	Not Null	
Doctor	Varchar2(30)	Not Null	

BLOOD TESTS

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	Varchar2	Not Null	
Id	int	Not Null	
Mobile no.	BigInt	Not Null	
Telephone no.	int	Not Null	
Department	int	Not Null	
Ward_no.	int	Not Null	
Admit_date	date	Not Null	
Admit_time	time	Not Null	
Blood group	varchar	Not Null	
Hemoglobin	float	Not Null	
Blood sugar	string	Not Null	
Oxygen level	varchar	Not Null	
Doctor assigned	varchar	Not Null	



ADIL-APPOINTMENT MANAGEMENT

APPOINTMENT BOOKING FORM

ONLINE APPOINTMENT FORM

RESCHEDULED APPOINTMENT FORM

CANCELLED APPOINTMENT FORM

ADIL-PATIENT REGISTRATION

PATIENT REGISTRATION FORM

NAME	DATATYPE	NULL/NOT NULL	KEY
REGISTER NUMBER	VARCHAR2(20)	NOT NULL	
DATE(TODAY)	DATE	NOT NULL	
PATIENT NAME	VARCHAR2(20)	NOT NULL	
BIRTH DATE	DATE	NOT NULL	
AGE	INT	NOT NULL	
GENDER	VARHCAR2(20)	NOT NULL	
BLOOD GROUP	VARHCAR2(20)	NOT NULL	
PHONE NUMBER	BIGINT	NOT NULL	
EMAIL	VARHCAR2(20)	NOT NULL	
MARITUAL STATUS	BOOLEAN	NOT NULL	
PREFRRED LANGUAGE	VARHCAR2(20)	NULL	
OCCUPATION	VARHCAR2(20)	NOT NULL	
ADDRESS	VARHCAR2(70)	NOT NULL	
PANCARD	VARHCAR2(20)	NOT NULL	
ADHAAR CARD	BIG INT	NOT NULL	

RELATIVE OF PATIENT INFORMATION

PERSON RESPONSIBLE FOR BILL PAYMENT

PATIENT HEALTH DETAILS

Name	datatype	Null/Not Null	Key
PATIENT NAME	VARCHAR2(30)	NOT NULL	
AGE	INT	NOT NULL	
BLOOD GROUP	VARCHAR2(100)	NOT NULL	
SYMPTOMS	VARCHAR2(100)	NOT NULL	
DURATION OF SYMPTOMS		NOT NULL	
ARE YOU CURRENTLY UNDER ANY OTHER MEDICATION	VARCHAR2(100)	NULL	
ARE YOU PROHIBITED FROM TAKING ANY PARTICULAR MEDICINE OR ANY KIND OF TREATMENT	VARCHAR2(100)	NULL	
IS THERE A CASE OF HEREDITARY HEALTH ISSUES IN YOUR FAMILY	VARCHAR2(100)	NULL	
DID YOU TAKE ANY COURSE OF ACTION FOR YOUR SYMPTOMS ON YOUR OWN WITHOUT CONSULTATION FROM A DOCTOR	VARCHAR2(100)	NULL	

INSURANCE INFORMATION

Name	Datatype	Null/Not Null	Key
PATIENT NAME	VARCHAR2(30)	NOT NULL	
INSURANCE COMPANY NAME	VARCHAR2(30)	NOT NULL	
POLICY NO	INT	NOT NULL	
GROUP	VARCHAR2(60)	NOT NULL	
INSURANCE ADDRESS	VARCHAR2(30)	NOT NULL	
SUBSCRIBER NAME	VARCHAR2(30)	NOT NULL	
PHONE NUMBER	VARCHAR2(30)	NOT NULL	
DATE OF BIRTH	DATE	NOT NULL	
RELATIONSHIP WITH PATIENT	VARCHAR2(30)	NOT NULL	
OCCUPATION	VARCHAR2(30)	NOT NULL	
SECONDARY INSURANCE POLICY	VARCHAR2(30)	NOT NULL	
PAN CARD NUMBER	VARCHAR2(30)	NOT NULL	
DATE OF COMMENCMENT OF INSURANCE	VARCHAR2(30)	NOT NULL	
DO YOU HAVE ANY MEDICAL	BOOLEAN	NOT NULL	

DOCTOR ASSIGNED TO PATIENT

Name	datatype	NULL/NOT NULL	Key
PATIENT NAME	VARCHAR2(50)	NOT NULL	
DOCTOR NAME(ASSIGNED FOR PATIENT)	VARCHAR2(50)	NOT NULL	
DIAGNOSIS GIVEN BY DOCTOR	VARCHAR2(50)	NOT NULL	
COURSE OF ACTION GIVEN BY DOCTOR	VARCHAR2(50)	NOT NULL	
MEDICATION PRESCRIBED	VARCHAR2(50)	NOT NULL	
ROUTINE CHECKUPS DATE	DATE	NOT NULL	
WARD NUMBER	VARCHAR2(50)	NOT NULL	
ROOM NUMBER	INT	NOT NULL	
FOOD AND MEDICINE TIMING	TIME	NOT NULL	
DETAILS OF SURGERY OF OPERATIONS	VARCHAR2(50)	NOT NULL	

UPDATE PATIENT HEALTH DETAILS

UPDATE PERSONAL INFORMATION

ADIL-OUT PATIENT

PATIENT HEALTH DETAILS

Name	datatype	NULL/NOT NULL	Key
PATIENT NAME	VARCHAR2(30)	NOT NULL	
AGE	INT	NOT NULL	
BLOOD GROUP	VARCHAR2(100)	NOT NULL	
SYMTOMS	VARCHAR2(100)	NOT NULL	
DURATION OF SYMPTOMS		NOT NULL	
ARE YOU CURRENTLY UNDER ANY OTHER MEDICATION	VARCHAR2(100)	NULL	
ARE YOU PROHIBITED FROM TAKING ANY PARTICULAR MEDICINE OR ANY KIND OF TREATMENT	VARCHAR2(100)	NULL	
IS THERE A CASE OF HEREDITARY HEALTH ISSUES IN YOUR FAMILY	VARCHAR2(100)	NULL	
DID YOU TAKE ANY COURSE OF ACTION FOR YOUR SYMPTOMS ON YOUR OWN WITHOUT CONSULTATION	VARCHAR2(100)	NULL	

UPDATE OUT-PATIENT HEALTH DETAILS

UPDATE OUT-PATIENT PERSONAL INFORMATION

PREScribed MEDICINES DETAILS

ONLINE MEET CONSULTATION

SEN-OPERATION MANAGEMENT

Patient Health Details Form

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	VARCHAR2(50)	NOT NULL	
Age	INT	NOT NULL	
Blood group	Default A+,A-,B+,B- ,AB+,AB-,O+,O-	NOT NULL	
Symptoms	VARCHAR2(100)	NOT NULL	
Are you currently under any other medication	DEFAULT Yes/No	NOT NULL	
If yes mention down	VARCHAR2(100)	NOT NULL	
Are you prohibited from taking any particular medicine or any kind of treatment	DEFAULT Yes/No	NULL	
If yes mention down	VARCHAR2(100)	NOT NULL	
If there a case of hereditary health issue in your family	DEFAULT Yes/No	NULL	
If yes mention down	VARCHAR2(100)	NOT NULL	
Did you take any course of action for your symptoms on your own without consultation from a doctor	DEFAULT Yes/No	NULL	

NOT NULL

Book Appointment For Operation

NAME	DATATYPE	NULL/NOT NULL	KEY
Doctor,s Name	Varchar2(30)	Not Null	
Doctor's advised for operation	Varchar2(100)	Not Null	
Patient Approval for the operation for the condition	Varchar2(100)	Not Null	
Parient Guardian Signature	Blob	Not Null	
Patient Signature	Blob	Not Null	
Agree to terms and condition	Default tick/not tick	Not Null	

Medical History Form

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	NOT NULL	
Name	Varchar2(50)	NOT NULL	
Age	Int	NOT NULL	
Phone No.	Big Int	NOT NULL	
Gender	Default Male/Female	NOT NULL	
Pregnancy	Default Yes/No	NOT NULL	
Current medical symptoms	Default Chest Pain, Respiratory....	NOT NULL	
Heritary Medical Conditions	Default Asthma,Cancer...	NOT NULL	
Diseases you had in Childhood	Default ChickenPox,Whooping Cough..	NOT NULL	
Taking Any Medication?	Varchar2(100)	NOT NULL	
Allergies	Varchar2(100)	NOT NULL	
Addictions	Default Drugs,Caffeine	NOT NULL	

LAP RESULTS

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Specimen Number	BigInt	Not Null	
Specimen Description	Varchar2(50)	Not Null	
Drawn Date	Date	Not Null	
Drawn Time	Time	Not Null	
No Of Test	Int	Not Null	
Test Date	Date	Not Null	
Test Time	Time	Not Null	
Visit Number	Int(10)	Not Null	
Patient Name	Varchar2(50)	Not Null	
Patient's Phone No.	BigInt	Not Null	
Age	Int	Not Null	
Gender	Varchar2(3)	Not Null	
Result	Varchar2(100)	Not Null	
Unit Of measurement	Varchar2(30)	Not Null	

Operation Schedule Remainder

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Patient's Name	Varchar2(30)	Not Null	
Gender	Varchar2(5)	Not Null	
Requested Date	Date	Not Null	
Requested Time	Time	Not Null	
Patient's Address	Varchar2(100)	Not Null	
Maritual Status	Varchar2(5)	Not Null	
Weight	Number(5)	Not Null	
Height	Number(5)	Not Null	
Guardian Name	Varchar2(30)	Not Null	
Relationship With Patient	Varchar2(30)	Not Null	
Phone No.	BigInt	Not Null	
Date of Procedure	Date	Not Null	
Surgeon's Name	Varchar2(30)	Not Null	
Surgeon's Number	BigInt	Not Null	

NAME	DATATYPE	NULL/NOT NULL	KEY
Diagnosis	Varchar2(100)	Not Null	
Procedure	Varchar2(1000)	Not Null	
Procedure length	Varchar2(50)	Not Null	
Proop Testing	Varchar2(5)	Not Null	
Anesthesia Type	Varchar2(5)	Not Null	
Pain Block	Varchar2(5)	Not Null	
Special Equipment	Varchar2(100)	Not Null	
Medical History	Varchar2(1000)	Not Null	
Form Completed By	Varchar2(30)	Not Null	
Date	Date	Not Null	
E-Signature	Blob	Not Null	

Hospital Blood Request To Blood Bank Form

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Patient's Name	Varchar2(30)	Not Null	
Date of Birth	Date	Not Null	
Age	Int	Not Null	
Gender	Varchar2(5)	Not Null	
Ward No.	Int(4)	Not Null	
Patient File No.	Int(4)	Not Null	
Blood Bank No	Int(4)	Not Null	
Previous Pregnancies	Varchar2(5)	Not Null	
Previous Transfusion	Varchar2(5)	Not Null	
Previous Reaction	Varchar2(5)	Not Null	
Blood Group	Varchar2(5)	Not Null	
Reason For Transfusion	Varchar2(30)	Not Null	
Request	Varchar2(5)	Not Null	
Packed Red Cells	Number(20)	Not Null	

NAME	DATATYPE	NULL/NOT NULL	KEY
FFP	Number(20)	Not Null	
Platelets	Number(20)	Not Null	
Cryoprecipitate	Number(20)	Not Null	
Whole Blood	Number(20)	Not Null	
Date Required	Date	Not Null	
Time Required	Time	Not Null	
Name Of Doctor	Varchar2(30)	Not Null	
Doctor Mobile No.	Big Int	Not Null	
Date Of Request	Date	Not Null	
Time Requested	Time	Not Null	
Autority Signature	Blob	Not Null	

Surgeon Personal Details Form

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	Varchar2(30)	Not Null	
Date Of Birth	Date	Not Null	
Age	Int	Not Null	
Gender	Varchar2(5)	Not Null	
Address	Varchar2(100)	Not Null	
Phone No.	BigInt	Not Null	
Email Address	Varchar2(50)	Not Null	
Upload Photo	Blob	Not Null	
Blood Group	Varchar2(5)	Not Null	
Aadhaar No.	Varchar2(12)	Not Null	
Pan No.	Varchar2(10)	Not Null	
Preferred Language	Varchar2(30)	Not Null	
Marital Status	Varchar2(5)	Not Null	
Experience(No Of Years)	Int	Not Null	
Previous Position	Varchar2(30)	Not Null	
Qualification	Varchar2(30)	Not Null	
Specialization	Varchar2(30)	Not Null	

Anesthist Personal Details Form

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	Varchar2(30)	Not Null	
Date Of Birth	Date	Not Null	
Age	Int	Not Null	
Gender	Varchar2(5)	Not Null	
Address	Varchar2(100)	Not Null	
Phone No.	BigInt	Not Null	
Email Address	Varchar2(50)	Not Null	
Upload Photo	Blob	Not Null	
Blood Group	Varchar2(5)	Not Null	
Aadhaar No.	Varchar2(12)	Not Null	
Pan No.	Varchar2(10)	Not Null	
Preferred Language	Varchar2(30)	Not Null	
Marital Status	Varchar2(5)	Not Null	
Experience(No Of Years)	Int	Not Null	
Previous Position	Varchar2(30)	Not Null	
Qualification	Varchar2(30)	Not Null	
Specialization	Varchar2(30)	Not Null	

Nurse Personal Details Form

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	Varchar2(30)	Not Null	
Date Of Birth	Date	Not Null	
Age	Int	Not Null	
Gender	Varchar2(5)	Not Null	
Address	Varchar2(100)	Not Null	
Phone No.	BigInt	Not Null	
Email Address	Varchar2(50)	Not Null	
Upload Photo	Blob	Not Null	
Blood Group	Varchar2(5)	Not Null	
Aadhaar No.	Varchar2(12)	Not Null	
Pan No.	Varchar2(10)	Not Null	
Preferred Language	Varchar2(30)	Not Null	
Marital Status	Varchar2(5)	Not Null	
Experience(No Of Years)	Int	Not Null	
Previous Position	Varchar2(30)	Not Null	
Qualification	Varchar2(30)	Not Null	
Specialization	Varchar2(30)	Not Null	

Medicine Prescribed By Surgeon Form

Name	Data Type	Null/Not Null	Key
Date	DAte	Not Null	
Name	VArchar2(20)	Not Null	
Date Of Birth	Date	Not Null	
Phone No.	BigInt	Not Null	
Address	Varchar2(100)	Not Null	
Tetanus	Varchar2(30)	Not Null	
Flu Vaccines	Varchar2(30)	Not Null	
Pneumonia Vaccine	Varchar2(30)	Not Null	
Hepatitis	Varchar2(30)	Not Null	
Other	Varchar2(30)	Not Null	
Allergies To	Varchar2(100)	Not Null	
Date	Date	Not Null	
Name Of Medications	Varchar2(500)	Not Null	
Direction	Varchar2(500)	Not Null	
Date Stopped	Date	Not Null	
Notes Reason Taking	Varchar2(100)	Not Null	

SEN- PHARMACY MANAGEMENT

Patient Health Details Form

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	VARCHAR2(50)	NOT NULL	
Age	INT	NOT NULL	
Blood group	Default A+,A-,B+,B- ,AB+,AB-,O+,O-	NOT NULL	
Symptoms	VARCHAR2(100)	NOT NULL	
Are you currently under any other medication	DEFAULT Yes/No	NOT NULL	
If yes mention down	VARCHAR2(100)	NOT NULL	
Are you prohibited from taking any particular medicine or any kind of treatment	DEFAULT Yes/No	NULL	
If yes mention down	VARCHAR2(100)	NOT NULL	
If there a case of hereditary health issue in your family	DEFAULT Yes/No	NULL	
If yes mention down	VARCHAR2(100)	NOT NULL	
Did you take any course of action for your symptoms on your own without consultation from a doctor	DEFAULT Yes/No	NULL	

NAME	DATATYPE	NULL/NOT NULL	KEY
If Yes then mention down	Varchar2(100)	Not Null	
Agree to terms and services	Default Tick	Not Null	

Book Appointment For Operation

NAME	DATATYPE	NULL/NOT NULL	KEY
Doctor's Name	Varchar2(30)	Not Null	
Doctor's advised for operation	Varchar2(100)	Not Null	
Patient Approval for the operation for the condition	Varchar2(100)	Not Null	
Patient Guardian Signature	Blob	Not Null	
Patient Signature	Blob	Not Null	
Agree to terms and condition	Default tick/not tick	Not Null	

Online Bill Payment

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Invoice Number	BigInt	Not Null	
Patient's Name	Varchar2(30)	Not Null	
Phone	BigInt	Not Null	
Address	Varchar2(100)	Not Null	
Prescribed Doctor's Name	Varchar2(30)	Not Null	
Doctor's Number	BigInt	Not Null	
Prescribed Medicines	Varchar2(100)	Not Null	
Quantity	Int(50)	Not Null	
Each Medicine Price	Varchar2(30)	Not Null	
Total Amount	Varchar2(30)	Not Null	
Payment Method	Varchar2(5)	Not Null	

Apply For New Stock Of Medicines

Online Order Of Medicines

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Invoice Number	BigInt	Not Null	
Patient's Name	Varchar2(30)	Not Null	
Phone No.	BigInt	Not Null	
Address	Varchar2(30)	Not Null	
Doctor Name	Varchar2(30)	Not Null	
Doctor Number	BigInt	Not Null	
Medicine Name	Varchar2(100)	Not Null	
Manufacture Name	Varchar2(100)	Not Null	
Expiry Date	Date	Not Null	
Quantity	Int(50)	Not Null	
Unit Price	Varchar2(30)	Not Null	
Amount	Varchar2(30)	Not Null	
Date Of Purchase	Date	Not Null	
Total amount	Varchar2(30)	Not Null	
Payment Method	Varchar2(5)	Not Null	

SEN-CANTEEN MANAGEMENT

Patient Health Details Form

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	VARCHAR2(50)	NOT NULL	
Age	INT	NOT NULL	
Blood group	Default A+,A-,B+,B- ,AB+,AB-,O+,O-	NOT NULL	
Symptoms	VARCHAR2(100)	NOT NULL	
Are you currently under any other medication	DEFAULT Yes/No	NOT NULL	
If yes mention down	VARCHAR2(100)	NOT NULL	
Are you prohibited from taking any particular medicine or any kind of treatment	DEFAULT Yes/No	NULL	
If yes mention down	VARCHAR2(100)	NOT NULL	
If there a case of hereditary health issue in your family	DEFAULT Yes/No	NULL	
If yes mention down	VARCHAR2(100)	NOT NULL	
Did you take any course of action for your symptoms on your own without consultation from a doctor	DEFAULT Yes/No	NULL	

Book Appointment For Operation

NAME	DATATYPE	NULL/NOT NULL	KEY
Doctor's Name	Varchar2(30)	Not Null	
Doctor's advice for operation	Varchar2(100)	Not Null	
Patient Approval for the operation for the condition	Varchar2(100)	Not Null	
Patient Guardian Signature	Blob	Not Null	
Patient Signature	Blob	Not Null	
Agree to terms and condition	Default tick/not tick	Not Null	

Patient Diet Prescription Form

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Patient's Name	Varchar2(30)	Not Null	
Patient Phone No.	BigInt	Not Null	
Date of Birth	Date	Not Null	
Diagonis	Varchar2(100)	Not Null	
Guardian's Name	Varchar2(30)	Not Null	
Guardian's Phone No.	BigInt	Not Null	
Describe The Patient	Varchar2(5)	Not Null	
Explaination	Varchar2(100)	Not Null	
Food Allergy	Varchar2(5)	Not Null	
Upload Provided Documentation	Blob	Not Null	
History of Allergy testing to indicate food Allergy	Varchar2(5)	Not Null	
Intolerance to Food?	Varchar2(100)	Not Null	
Food to be Omitted	Varchar2(100)	Not Null	

Online Food Order

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Juices	Varchar2(5)	Not Null	
Bakery	Varchar2(5)	Not Null	
Milk	Varchar2(5)	Not Null	
Condiments	Varchar2(5)	Not Null	
Soup	Varchar2(5)	Not Null	
Bakery	Varchar2(5)	Not Null	
Condiments	Varchar2(5)	Not Null	
Specials	Varchar2(5)	Not Null	
Desert	Varchar2(5)	Not Null	
Milk	Varchar2(5)	Not Null	
Hot Chocolate	Varchar2(5)	Not Null	
Coffee	Varchar2(5)	Not Null	
Tea	Varchar2(5)	Not Null	

Stocks of Food Ingredients Form

Food Inredient Order Form

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Hospital Name	Varchar2(50)	Not Null	
Order Number	Int	Not Null	
Vendor	Varchar2(30)	Not Null	
Order Date	Date	Not Null	
Phone/Fax	BigInt	Not Null	
Ordered by	Varchar2(30)	Not Null	
Invoice	BigInt	Not Null	
Quantity	Int(30)	Not Null	
Inredient Name	Varchar2(500)	Not Null	
Code	Int(50)	Not Null	
Cost	Varchar2(30)	Not Null	
Total	Varchar2(30)	Not Null	
Sales Tax	Varchar2(30)	Not Null	
Total Ammout	Varchar2(30)	Not Null	
Payment Method	Varchar2(5)	Not Null	

Feedback On The Quantity Of Food

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Name	Varchar2(30)	Not Null	
Email Address	Varchar2(50)	Not Null	
Day you Visited	Varchar2(5)	Not Null	
Date you Visited	Date	Not Null	
Time you Visited	Time	Not Null	
Dine In/Take Out	Varchar2(5)	Not Null	
Age	Int	Not Null	
Food Quality	Varchar2(5)	Not Null	
Cleanliness	Varchar2(5)	Not Null	
Speed Service	Varchar2(5)	Not Null	
Overall Service Quality	Varchar2(5)	Not Null	
Order Accuracy	Varchar2(5)	Not Null	
Value	Varchar2(5)	Not Null	
Overall Experience	Varchar2(5)	Not Null	
Any Comments, question or	Varchar2(1000)	Not Null	

Payment

Food Recipes

ASHREEN-BLOOD BANK

BLOOD REQUEST

NAME	DATATYPE	NULL/NOT NULL	KEY
Hospital Name	Varchar2	Not Null	
Date of request	Date	Not Null	
Family Name	Varchar2(30)	Not Null	
Date of Birth	Date	Not Null	
Gender	Default Male/Female/Other	Not Null	
Given Name	Varchar2(30)	Not Null	
Ward	Default	Not Null	
Hospital Reference No	int(5)	Not Null	
Blood Group	Default A+/A-/AB+/AB-/B-/O+/O-	Not Null	
Address	Varchar2(30)	Not Null	
Diagnosis	Varchar2(50)	Not Null	
Reason for Transfusion	Varchar2(50)	Not Null	
Antibodies	Default Yes/No	Not Null	
Previous Transfusion	Default Yes/No	Not Null	
Any Reactions	Default Yes/No	Not Null	

NAME	DATATYPE	NULL/NOT NULL	KEY
Date Request	Date	Not Null	
Time Request	Date	Not Null	
Delivered To	Default	Not Null	
White Blood	Number (20)	Not Null	
Red Cells	Number (20)	Null	
Plasma	Varchar2(30)	Not Null	
Other	Varchar2(50)	Not Null	
Name of Doctor	Varchar2(50)	Not Null	
Upload Signature	BLOB	Not Null	

BLOOD DONOR APPOINTMENT

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Full Name	Date	Not Null	
Family Name	Varchar2(30)	Not Null	
Date of Birth	Date	Not Null	
Gender	Default Male/Female/Other	Not Null	
Phone No	Varchar2(10)	Not Null	
Date of Birth	Date	Not Null	
Address	Varchar2(50)	Not Null	
Blood Group	Default A+/A-/AB+/AB-/B-/O+/O-	Not Null	
Address	Varchar2(30)	Not Null	
Email Id	Varchar2(50)	Not Null	
Appointment Date	Varchar2(50)	Not Null	
Schedule Time	Time	Not Null	
Contact	Default Email/Phone	Not Null	
Visited us	Default Yes/No	Not Null	
Upload photo	PICTURE	Not Null	

BLOOD DONOR APPOINTMENT

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Full Name	Date	Not Null	
Family Name	Varchar2(30)	Not Null	
Date of Birth	Date	Not Null	
Gender	Default Male/Female/Other	Not Null	
Phone No	Varchar2(10)	Not Null	
Date of Birth	Date	Not Null	
Address	Varchar2(50)	Not Null	
Blood Group	Default A+/A-/AB+/AB-/B-/O+/O-	Not Null	
Address	Varchar2(30)	Not Null	
Email Id	Varchar2(50)	Not Null	
Appointment Date	Varchar2(50)	Not Null	
Schedule Time	Time	Not Null	
Contact	Default Email/Phone	Not Null	
Visited us	Default Yes/No	Not Null	
Upload photo	PICTURE	Not Null	

NAME	DATATYPE	NULL/NOT NULL	KEY
Upload Photo	BLOB	Not Null	
Time Request	Date	Not Null	
Delivered To	Default	Not Null	
White Blood	Number (20)	Not Null	
Red Cells	Number (20)	Null	
Plasma	Varchar2(30)	Not Null	
Other	Varchar2(50)	Not Null	
Name of Doctor	Varchar2(50)	Not Null	
Upload Signature	BLOB	Not Null	

CHECK BLOOD REPORT

NAME	DATATYPE	NULL/NOT NULL	KEY
Email Id	Varchar2(30)	Not Null	Primary Key
Password	Varchar2(30)	Not Null	
Captcha	Varchar2(30)	Not Null	

ASHREEN-HR MANAGEMENT

JOB APPLICATION

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Date	Not Null	
Full Name	Varchar2(30)	Not Null	
Gender	Default Male/Female/Other	Not Null	
Date of Birth	Date	Not Null	
Marital Status	Default Married/ Unmarried/widow /Divorced	Not Null	
Phone No	Varchar2(10)	Not Null	
Alternate Phone No	Varchar2(10)	Not Null	
Address	Varchar2(50)	Not Null	
Email Id	Varchar2(50)	Not Null	
Hobbies and Interests	Varchar2(50)	Not Null	
Expected ETC Salary/Month	Time	Not Null	
Upload Resume	BLOB	Not Null	
Upload Photo	BLOB	Not Null	
Upload Signature	BLOB	Not Null	

SCHEDULE A MEETING

NAME	DATATYPE	NULL/NOT NULL	KEY
Meeting/ Project Name	Date	Not Null	
Date of Meeting	Date	Not Null	
Meeting Name	Varchar2(50)	Not Null	
Location	Date	Not Null	
Meeting Objectives	Varchar(150)	Not Null	
Attendees Name	Varchar(150)	Not Null	
Attendees Department	Varchar(150)	Not Null	
Attendees Email	Varchar(150)	Not Null	
Attendees Phone No	Varchar(150)	Not Null	
Meeting Topic	Varchar(150)	Not Null	
Meeting Owner	Varchar(150)	Not Null	
Meeting Time	Varchar(150)	Not Null	
Preparation	Varchar(150)	Not Null	
Prepared By	Varchar(150)	Not Null	

EMPLOYEE TERMINATION

Name	datatype	Null/Not Null	Key
Date	Date	Not Null	
Employers Name	Varchar2(30)	Not Null	
Employee Name	Default Male/Female/Other	Not Null	
Address	Date	Not Null	
Phone No	Varchar2(10)	Not Null	
Social Security No	Varchar2(10)		
Date of Birth	Date	Not Null	
Employee Signature	BLOB	Not Null	
Date Assigned	BLOB	Not Null	
Termination of Employment	Varchar2(150)	Not Null	
Reason of Employment	Varchar2(50)	Not Null	
Date of Employment	Date	Not Null	
Employer signature	BLOB	Not Null	

ASHREEN-INSURANCE MANAGEMENT

HEALTH INSURANCE

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Varchar2(150)	Not Null	
Full Name	Varchar2(150)	Not Null	
Address	Varchar2(150)	Not Null	
Email Address	Varchar2(150)	Not Null	
Date of Birth	Date	Not Null	
Life Plan	Default	Not Null	
Height	Number	Not Null	
Weight	Number	Not Null	
1st Life Insurance Quote Question	Number	Null	
2nd Life Insurance Quote Question	Varchar (20)	Null	
3rd Life Insurance Quote Question	Number	Null	
4th Life Insurance Quote Question	Default Yes/ No	Null	
5th Life Insurance Quote Question	Default Yes/ No	Null	



Health Care Expense

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Varchar2(150)	Not Null	
1st Health Care Expense Question	Varchar2(150)	Not Null	
2nd Health Care Expense Question	Number	Not Null	
3rd Health Care Expense Question	Number	Not Null	
4th Health Care Expense Question	Number	Not Null	
5th Health Care Expense Question	Default Yes/No	Not Null	
6th Health Care Expense Question	Default Yes/No	Not Null	
7th Health Care Expense Question	Default Yes/No	Not Null	



ASHREEN-ORGAN DONATION

Organ Registration

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	Varchar2(150)	Not Null	
Full Name	Varchar2(150)	Not Null	
Gender	Number	Not Null	
Phone No	Number	Not Null	
Alternate Phone no	Number	Not Null	
Date of Birth	Default Yes/No	Not Null	
Address	Default Yes/No	Not Null	
Email Address	Default Yes/No	Not Null	
Social Security No	Number(4)	Not Null	
Temperature	Number	Not Null	
Bp	Number	Not Null	
Pulse Rate	Number	Not Null	
Respiratory	Number	Not Null	
Height	Number	Not Null	

Weight	Number	Not Null
Blood Group	Default A+/A-/AB+/AB-/B-/O+/O-	Not Null
Gender	Number	Not Null
1st organ registration Question	Varchar2(150)	Not Null
2nd organ registration Question	Varchar2(150)	Not Null
3rd organ registration Question	Varchar2(150)	Not Null
4th organ registration Question	Varchar2(150)	Not Null
Family History illness	Default	Not Null
Organ to be denoted	Default	Not Null
Specific purpose	Default	Not Null
Signature of donor	BLOB	Not Null
Date Assigned	Date	Not Null
Signature of witness	BLOB	Not Null
Signature of doctor / physician	BLOB	Not Null

KEVIN-BILLING MANAGEMENT

FINAL IN-PATIENTS BILL

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	DATE	NOT NULL	
Name	VARCHAR2(50)	NOT NULL	
Email id	VARCHAR(50)	NOT NULL	
Phone no	BIGINT(10)	NOT NULL	
Adhaar card no.	VARCHAR2(12)	NOT NULL	
Blood Group	VARCHAR2(5)	NOT NULL	
Medication Cost	VARCHAR2(30)	NOT NULL	
Doctor Charges	VARCHAR2(30)	NOT NULL	
Hospital Stay Cost	VARCHAR2(30)	NOT NULL	
Other Charges	VARCHAR2(30)	NOT NULL	
Insurance Payments	VARCHAR2(30)	NOT NULL	
Total Cost	VARCHAR2(50)	NOT NULL	

FINAL OUT-PATIENTS BILL

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	DATE	NOT NULL	
Name	VARCHAR2(50)	NOT NULL	
Email id	VARCHAR(50)	NOT NULL	
Phone no	BIGINT(10)	NOT NULL	
Adhaar card no.	VARCHAR2(12)	NOT NULL	
Blood Group	VARCHAR2(5)	NOT NULL	
Medication Cost	VARCHAR2(30)	NOT NULL	
Doctor Charges	VARCHAR2(30)	NOT NULL	
Insurance Payments	VARCHAR2(30)	NOT NULL	
Total Cost	VARCHAR2(30)	NOT NULL	

MEDICAL EQUIPMENTS BILL

BILL RECEIPT

KEVIN-FEEDBACK

FEEDBACK FORM

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	DATE	NOT NULL	
You came in as	VARCHAR2(20)	NOT NULL	
1st Feedback	VARCHAR2(20)	NOT NULL	
2nd Feedback	VARCHAR2(20)	NOT NULL	
3rd Feedback	VARCHAR2(20)	NOT NULL	
4th Feedback	VARCHAR2(20)	NOT NULL	
5th Feedback	VARCHAR2(20)	NOT NULL	
6th Feedback	VARCHAR2(20)	NOT NULL	
7th Feedback	VARCHAR2(20)	NOT NULL	
8th Feedback	VARCHAR2(20)	NOT NULL	
Other Improvements	VARCHAR2(10000)	NOT NULL	

SURVEY FORM

KEVIN-FINANCE MANAGEMENT

TOTAL INCOME PER DAY

TOTAL EXPENDITURE PER DAY

COST OF MEDICINES

COST OF MEDICAL EQUIPMENTS

OVERALL BUDGET

FINAL IN-PATIENTS BILL(OUTPUT)

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	DATE	NOT NULL	
Name	VARCHAR2(50)	NOT NULL	
Email id	VARCHAR(50)	NOT NULL	
Phone no	BIGINT(10)	NOT NULL	
Adhaar card no.	VARCHAR2(12)	NOT NULL	
Blood Group	VARCHAR2(5)	NOT NULL	
Medication Cost	VARCHAR2(30)	NOT NULL	
Doctor Charges	VARCHAR2(30)	NOT NULL	
Hospital Stay Cost	VARCHAR2(30)	NOT NULL	
Other Charges	VARCHAR2(30)	NOT NULL	
Insurance Payments	VARCHAR2(30)	NOT NULL	
Total Cost	VARCHAR2(50)	NOT NULL	
Payment	VARCHAR2(50)	NOT NULL	

FINAL OUT-PATIENTS BILL(OUTPUT)

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	DATE	NOT NULL	
Name	VARCHAR2(50)	NOT NULL	
Email id	VARCHAR(50)	NOT NULL	
Phone no	BIGINT(10)	NOT NULL	
Adhaar card no.	VARCHAR2(12)	NOT NULL	
Blood Group	VARCHAR2(5)	NOT NULL	
Medication Cost	VARCHAR2(30)	NOT NULL	
Doctor Charges	VARCHAR2(30)	NOT NULL	
Insurance Payments	VARCHAR2(30)	NOT NULL	
Total Cost	VARCHAR2(30)	NOT NULL	

STAFF SALARY

KEVIN-BIO MEDICAL WASTE

BIO MEDICAL WASTE

RAINA-GOVERNMENT CERTIFICATION

Government Certification

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	DATE	NOT NULL	
Name	VARCHAR2(50)	NOT NULL	
Phone No	Int(30)	NOT NULL	
Address	VARCHAR2(50)	NOT NULL	
Adhaar card no.	VARCHAR2(12)	NOT NULL	
Gender	VARCHAR2(5)	NOT NULL	
Bank Passbook	BLOB	NOT NULL	
PAN Card	BLOB	NOT NULL	

RAINAVACCINATION

Vaccination

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	DATE	NOT NULL	
Name	VARCHAR2(50)	NOT NULL	
Phone No	Int(30)	NOT NULL	
Address	VARCHAR2(50)	NOT NULL	
Adhaar card no.	VARCHAR2(12)	NOT NULL	
Blood Group	VARCHAR2(5)	NOT NULL	
Registration	VARCHAR2(30)	NOT NULL	
Type of disease	VARCHAR2(30)	NOT NULL	
Type of vaccine	VARCHAR2(30)	NOT NULL	
Vaccine Charges	VARCHAR2(30)	NOT NULL	
Insurance Payments	VARCHAR2(30)	NOT NULL	
Total Cost	VARCHAR2(50)	NOT NULL	

RAINA-HOSPITAL TERMS AND CONDITIONS

Hospital Terms And Conditions

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	DATE	NOT NULL	
Name	VARCHAR2(50)	NOT NULL	
Phone No	Int(30)	NOT NULL	
Address	VARCHAR2(50)	NOT NULL	
Adhaar card no.	VARCHAR2(12)	NOT NULL	
PAN Card	VARCHAR2(5)	NOT NULL	
Hospital Website Use	VARCHAR2(30)	NOT NULL	
Booking Hospitality	VARCHAR2(30)	NOT NULL	
Salary	Int(30)	NOT NULL	

RAINAMORGUE MANAGEMENT

Morgue Management

NAME	DATATYPE	NULL/NOT NULL	KEY
Date	DATE	NOT NULL	
Name	VARCHAR2(50)	NOT NULL	
Phone No	Int(30)	NOT NULL	
Address	VARCHAR2(50)	NOT NULL	
Adhaar card no.	VARCHAR2(12)	NOT NULL	
PAN Card	VARCHAR2(5)	NOT NULL	
Death Certificate	VARCHAR2(30)	NOT NULL	
Patient Final Bill	Int(30)	NOT NULL	

ANEESH-DOCTOR

Doctor

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	VARCHAR2(50)	NOT NULL	
Date	DATE	NOT NULL	
Phone No	Int(30)	NOT NULL	
Address	VARCHAR2(50)	NOT NULL	
Blood Group	Default A+/B+	NOT NULL	
Phone no	VARCHAR2(5)	NOT NULL	
Email ID	VARCHAR2(30)	NOT NULL	
Addhar card	Int(30)	NOT NULL	

NAME	DATATYPE	NULL/NOT NULL	KEY
PanCard	VARCHAR2(50)	NOT NULL	
Experience of (YRS)	Int(20)	NOT NULL	
Previous Position	VARCHAR2(50)	NOT NULL	
Qualification	VARCHAR2(50)	NOT NULL	
Specilization	VARCHAR2(12)	NOT NULL	
Work Type	VARCHAR2(5)	NOT NULL	

ANEESH-NURSE

NAME	DATATYPE	NULL/NOT NULL	KEY
Patient Name	VARCHAR2(50)	NOT NULL	
Specimen No	int(20)	NOT NULL	
Phone No	Int(30)	NOT NULL	
Address	VARCHAR2(50)	NOT NULL	
Blood Group	VARCHAR2(12)	NOT NULL	
Date	Date	NOT NULL	
Email ID	VARCHAR2(30)	NOT NULL	
Addhar card	Int(30)	NOT NULL	

Doctor

NAME	DATATYPE	NULL/NOT NULL	KEY
Type of Diseases	VARCHAR2(100)	NOT NULL	
Gender	Default Male/Female/Others	NOT NULL	
Test Details	VARCHAR2	NOT NULL	

ANEESH-CLERK

NAME	DATATYPE	NULL/NOT NULL	KEY
Clerk Full Name	VARCHAR2(100)	NOT NULL	
Id Card No	int(20)	NOT NULL	
Phone No	Int(30)	NOT NULL	
Address	VARCHAR2(50)	NOT NULL	
Gender	Boolean	NOT NULL	
Date	Date	NOT NULL	
Email ID	VARCHAR2(30)	NOT NULL	
Addhar card	Int(30)	NOT NULL	

NAME	DATATYPE	NULL/NOT NULL	KEY
NO of Room Cleaned	VARCHAR2(20)	NOT NULL	
List of Thing To be Cleaned	VARCHAR2(100)	NOT NULL	
List of Requirement	VARCHAR2(30)	NOT NULL	
Cleaning date	Date	NOT NULL	
Cleaning Time	Int	NOT NULL	
List of Facilities	VARCHAR2(100)	NOT NULL	
Specia Patient Lists	VARCHAR2(30)	NOT NULL	

ANEESH-SECURITY

NAME	DATATYPE	NULL/NOT NULL	KEY
Name	VARCHAR2(50)	NOT NULL	
Total Amount	Int(50)	NOT NULL	
Phone No	Int(30)	NOT NULL	
Address	VARCHAR2(50)	NOT NULL	
Lists of Medicines	VARCHAR2(100)	NOT NULL	
Doctors Prescriptions	Date	NOT NULL	
Lists of Medicines Prescriptions	VARCHAR2(100)	NOT NULL	
Date	Date	NOT NULL	

MASTER TABLE

NAME	DATATYPE	NULL/NOT NULL	KEY
EMPLOYEE NAME	VARCHAR2(20)	NOT NULL	
EMPLOYEE GENDER	VARCHAR2(20)	NOT NULL	
EMPLOYEE AGE	INT(3)	NOT NULL	
EMPLOYEE PHONE NUMBER	BIGINT	NOT NULL	
SECONDARY PHONE NUMBER	BIGINT	NOT NULL	
EMPLOYEE DATE OF BIRTH	DATE	NOT NULL	
EMPLOYEE ADDRESS	VARCHAR2(40)	NOT NULL	
EMPLOYEE E-MAIL	VARCHAR2(20)	NOT NULL	
EMPLOYEE ADHAAR NUMBER	VARCHAR2(30)	NOT NULL	
EMPLOYEE PAN NUMBER	VARCHAR2(30)	NOT NULL	
EMPLOYEE ID/QR CODE	INT/BLOB	NOT NULL	PRIMARY KEY
EMPLOYEE DATE OF JOINING	DATE	NOT NULL	
EMPLOYEE SALARY	VARCHAR2(30)	NOT NULL	
EMPLOYEE BLOOD GROUP	VARCHAR2(30)	NOT NULL	