





Hospital Management System

Patient Admission Form:


NEW PATIENT REGISTRATION

Registration Date *	<input type="text" value="dd-MMM-yyyy"/> 	
Time *	<input type="text" value="HH:mm:ss"/> 	
Patient Name *	<input type="text"/> First Name	<input type="text"/> Last Name
Gender *	<input type="text" value="-Select-"/>	
Phone *	<input type="text" value="+91 81234 56789"/>	
Date Of Birth *	<input type="text" value="dd-MMM-yyyy"/> 	
Email	<input type="text"/> 	
Address	<input type="text"/> Address Line 1	
	<input type="text"/> Address Line 2	
	<input type="text"/> City / District	<input type="text"/> State / Province
	<input type="text"/> Postal Code	<input type="text" value="-Select-"/> Country
	<input type="text"/> City / District	<input type="text"/> State / Province
	<input type="text"/> Postal Code	<input type="text" value="-Select-"/> Country
Marital Status *	<input type="radio"/> Yes <input type="radio"/> No	
Is the patient age greater than 18 *	<input type="radio"/> Yes <input type="radio"/> No	

Emergency Contact

Name *	<input type="text"/> First Name	<input type="text"/> Last Name
Phone *	<input type="text" value="+91 81234 56789"/>	
Relationship *	<input type="text"/>	
Family Doctor Name *	<input type="text"/> First Name	<input type="text"/> Last Name
Family Doctor Number *	<input type="text" value="+91 81234 56789"/>	
Preferred Pharmacy	<input type="text"/>	

Phone *

 +91 ▾

81234 56789

Relationship *

Family Doctor Name *

First Name

Last Name

Family Doctor Number *

 +91 ▾

81234 56789

Preferred Pharmacy

Health History

Reason for Registration *

Additional Notes

Taking Any Medication *

☐ Yes

☐ NO

Submit

Reset

NEW PATIENT REGISTARTION

Registration Date *	<input type="text" value="14-Oct-2023"/>
Time *	<input type="text" value="10:58:15"/>
Patient Name *	<input type="text" value="Mahesh"/> <input type="text" value="Kumar"/>
	First Name Last Name
Gender *	<input type="text" value="Male"/>
Phone *	<input type="text" value="+91 2345 678 901"/>
Date Of Birth *	<input type="text" value="04-Oct-2023"/>
Email	<input type="text" value="mm@gmail.com"/>
Address	<input type="text" value="andhra pradesh"/>
	Address Line 1
	<input type="text" value="east godavari"/>
	Address Line 2
	<input type="text" value="khammam"/>
	City / District
	<input type="text" value="India"/>
	State / Province
	<input type="text" value="234567"/>
	Postal Code
	<input type="text" value="India"/>
	Country
Martial Status *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is the patient age greater than 18 *	<input checked="" type="radio"/> Yes <input type="radio"/> No

Emergency Contact

Name *	<input type="text" value="Shiva"/> <input type="text" value="Kumar"/>
	First Name Last Name
Phone *	<input type="text" value="+91 98765 43212"/>
Relationship *	<input type="text" value="Father"/>
Family Doctor Name *	<input type="text" value="Ram"/> <input type="text" value="Shankar"/>
	First Name Last Name
Family Doctor Number *	<input type="text" value="+91 91234 56709"/>
Preferred Pharmacy	<input type="text" value="Zandu Balm"/>

Health History

Reason for Registration *

Head ache

Additional Notes

from 10 days

Taking Any Medication *

☒ Yes ☐ NO

All Prescriptions

Q + ≡

	<input type="checkbox"/> Phone	Patient Name	Gender	Date Of Birth	Registration Date	Time	Email
	+912345678901	Mahesh Kumar	Male	04-Oct-2023	14-Oct-2023	10:58:15	mm@gmail.com
	+911234567890	Vijay Kumar	Male	04-Oct-2023	16-Oct-2023	09:51:35	jk@gmail.com

Room Allotment Form

Room Allotment

Name

First Name

Last Name

Date-Time

dd-MMM-yyyy HH:mm:ss

Email

Drop Down *

-Select-

Address

Address Line 1

Address Line 2

City / District

State / Province

-Select-

Postal Code

Country

Single Line

Category *

☐ General

☐ Surgery

☐ Emergency

Category *

☐ General

☐ Surgery

☐ Emergency

Admin Signature

Draw your signature

[\[Clear\]](#)

Patient Signature



Draw your signature

[\[Clear\]](#)



Submit

Reset

Room Allotment

Name	<div><div>Mahesh</div><div>Kumar</div></div> <div><div>First Name</div><div>Last Name</div></div>
Date-Time	<div>16-Oct-2023 08:02:35</div> <div></div>
Email	<div>jk@gmail.com</div> <div></div>
Drop Down *	<div>General</div> <div></div>
Address	<div>chennai</div> <div>Address Line 1</div> <div>thandalam</div> <div>Address Line 2</div> <div><div></div><div></div></div> <div><div>City / District</div><div>State / Province</div></div> <div><div>1234</div><div>India</div></div> <div><div>Postal Code</div><div>Country</div></div>
Category *	<div><input type="radio"/> General</div> <div><input checked="" type="radio"/> Surgery</div> <div><input type="radio"/> Emergency</div>
Admin Signature	<div>Draw your signature</div> <div>[Restore] [Clear]</div> <div></div>
Patient Signature	<div>Draw your signature</div> <div>[Restore] [Clear]</div> <div></div>

All Room Allotments

	<div>Q</div> <div>+</div> <div></div>						
<div>👁</div>	<div>Name</div>	<div>Email</div>	<div>Address</div>	<div>Single Line</div>	<div>Category</div>	<div>Admin Signature</div>	<div>Drop Down</div>
	mahesh Kumar	jk@gmail.com	📍 chennai, thandalam, 1234, India		Surgery		General
	jaya ram	jk@gmail.com	📍 chennai, thandalam, 1234, India		General		AC - 4 in 1

Discharge Form

Discharge

Name

First Name

Last Name

Date of Joined

dd-MMM-yyyy



Reason for Admittance

Consulted Doctor

Diagnosis at Admittance

Date of Discharge

dd-MMM-yyyy



Reason for Discharge *

- ☐ Deceased
- ☐ Patient Treated
- ☐ Patient Transferred
- ☐ Other

Bill Procedure *

- ☐ Completed
- ☐ Not Completed

Submit

Reset

Discharge

Name

Maresh

Kumar

First Name

Last Name

Date of Joined

10-Oct-2023

Reason for Admittance

Throat Pain

Consulted Doctor

jayaram

Diagnosis at Admittance

scanning

Date of Discharge

10-Oct-2023

Reason for Discharge *

☐ Deceased

☒ Patient Treated

☐ Patient Transferred

☐ Other

Bill Procedure *

☒ Completed

☐ Not Completed

All Discharges

Q

+

<div><div></div></div> <div></div> Name	Date of Joined	Reason for Admittance	Consulted Doctor	Diagnosis at Admittance	Date of Discharge	Reason for Discharge
<div><div></div></div> mahesh Kumar	10-Oct-2023	Throat Pain	jayaram	scanning	10-Oct-2023	Patient Treated
jaya ram	04-Oct-2023	fever	ramaraj	MRI scan	16-Oct-2023	Patient Treated