DATA DESIGN TABLE
AND
DATA DICTIONARY

Made by-

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User Login Table-

FIELD NAME	TYPE	SPECIFICATIONS	CONSTRAINT	UNIQUE	DESCRIPTION
Name	String	30 alphanumeric characters	Not null	No	Name of the user
Username	Alphanumeric	10 Alphanumeric characters	Not null, Primary key	Yes	User id of user created at the time of registration
Password	Alphanumeric	10 alphanumeric characters	Not null	Yes	User's password must contain at least 8 alphanumeric characters

User Registeration Table-

FIELD NAME	TYPE	SPECIFICATIONS	CONSTRAINT	UNIQUE	DESCRIPTION
Name	String	30 Alphanumeric characters	Not null	No	Name of the user
Father's name	String	30 Alphanumeric characters	Not null	No	Father's name of the user
Date of birth	Date	Date	Not null	No	Date of birth of the user
Mobile number	Numeric	10 Numeric characters	Not null	Yes	Mobile number should be unique
Email id	String	80 Alphanumeric characters	Not null	Yes	Email id should be unique
Address	String	100 Alphanumeric characters	Not null	No	Address of the user
Username	Alphanumeric	10 Alphanumeric characters	Not null, Primary key	Yes	User id of the user to be created by the user
Password	Alphanumeric	10 Alphanumeric characters	Not null	Yes	User's password must contain at least 8 alphanumeric characters

Consultation Table-

FIELD NAME	TYPE	SPECIFICATIONS	CONSTRAINT	UNIQUE	DESCRIPTION
Name	String	30 Characters	Not Null	No	Name of the patient
Patient Username	Alphanumeric	10 Alphanumeric Characters	Not null, Primary key	Yes	Unique Patient username created by patient at the time of registration
Mobile number	Numeric	10 Numeric characters	Not Null	Yes	Mobile number of the patient
Health Issue	String	100-150 characters	Not Null	No	Problem/Disease of the patient
Doctors available	String	Drop Down Menu	Not null	No	Doctor to be chosen by patient

Enquiry Table-

FIELD NAME	TYPE	SPECIFICATIONS	CONSTRAINT	UNIQUE	DESCRIPTION
Patient Username	Alphanumeric	10 Alphanumeric Characters	Not null, Primary key	Yes	Unique Patient username created by patient at the time of registration
Name	String	30 Characters	Not Null	No	Name of the patient
Type of health issue	String	From List	Not Null	No	Type of issue to be input if not there in list
Time period of the health issue	String	Drop Down Menu	Not Null	No	Since when the issue has been there to be selected from drop down menu

If someone in the family faced the same issue in past?	Boolean	Yes/No	Not Null	No	Family history for better treatment
Details of family history	String	100-150 characters	Not Null	No	Problem faced by family member

Treatment table-

FIELD NAME	TYPE	SPECIFICATIONS	CONSTRAINT	UNIQUE	DESCRIPTION
Patient Username	Alphanumeric	10 Alphanumeric Characters	Not null, Primary key	Yes	Unique Patient username created by patient at the time of registration
Name	String	30 Characters	Not Null	No	Name of the patient
Treatment by exercise/ remedies	String	No specification	No constraints	No	Treatment by remedies/exercise
Prescription	String	No specifications	Not Null	No	Medicines and advice by doctor

Medicines table-

FIELD NAME	TYPE	SPECIFICATIONS	CONSTRAINT	UNIQUE	DESCRIPTION
Patient Username	Alphanumeric	10 Alphanumeric Characters	Not null, Primary key	Yes	Unique Patient username created by patient at the time of registration
Name	String	30 Characters	Not Null	No	Name of the patient
Prescription	String	No specifications	Not Null	No	Medicines and advice by doctor
Amount	Numeric	Numeric	Not null	No	Total cost of the medicines
Amount received	Boolean	Yes/no	Not null	No	If the amount received or not after payment
Order Id	Numeric	Numeric	Not null	Yes, Primary key	Unique order id for order placed

Feedback table-

FIELD NAME	TYPE	SPECIFICATIONS	CONSTRAINT	UNIQUE	DESCRIPTION
Patient Username	Alphanumeric	10 Alphanumeric Characters	Not null, Primary key	Yes	Unique Patient username created by patient at the time of registration
Name	String	30 Characters	Not Null	No	Name of the patient
Feedback	String	100-150 Characters	Not Null	No	Feedback by the patients to work on enhancement of services

FIELD NAME	TYPE	SPECIFICATIONS	CONSTRAINT	UNIQUE	DESCRIPTION

Data Dictionary

Legal Character: [a-z | A-Z]

Digit:[0-9]

Special Character: [@|$|#|+|-|. |₹]

Boolean:[Yes | No]

S.no	Field name	Data Description
1.	User name	{Legal Character +Digit +Special Character}*
2.	Password	{Legal Character +Digit +Special Character}*
3.	Name	{Legal character}*
4.	Father's Name	{Legal character}*
5.	Phone no.	{Digit + Digit + Digit + Digit + Digit + Digit + Digit + Digit + Digit + Digit }*
6.	Date of Birth	{ Digit + Digit + Digit }*
7.	Email ID	{Legal Character +Digit +Special Character}*
8.	Address	{Digit +Legal Character +Special Character}*
9.	Health Issue	{Legal Character +Special Character}*
10.	Doctors Available	{Legal Character}*
11.	Type of health issue	{Legal Character}*
12.	Time period of health issue	{Digit +Legal Character}*
13.	If someone in the family faced the same issue in past?	{Boolean}*
14.	Details of family history	{Legal Character +Special Character}*
15.	Treatment by exercise/ remedies	{Legal Character +Special Character}*
16.	Prescription	{Digit +Legal Character +Special Character}*
17.	Amount	{Digit + Special Character}*
18.	Amount received	{Boolean}*

19.	Order Id	{Digit}*
20.	Feedback	{Legal Character +Special Character}*
21.	Medicines	{Digit +Legal Character +Special Character}*