**DATA DESIGN TABLE**

**AND**

**DATA DICTIONARY**

**Made by-**

**Vanshika Sharma 21/5016**

**Anjali Srivastava 21/5023**

**Prachiti Gupta 21/5031**

**Sania Sachdev 21/5034**

**Aayushi Sharma 21/5039**

**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 |

**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}\* |
|  |  |  |