Health Issues	
PK	<u>**HealthIssueID**</u>
FK	**AppointmentID**
	Health Issue

Appointments

PK	**AppointmentID**
	Apt Time
FK	**PhysioID**
FK	PatientID

Physiotherapists

PK	**PhysioID**
	Physio Therapist
FK	**QualificationID**

Physiotherapists

PK	**QualificationID**
	Qualification

Patients

PK	**PatientID**
	First Name
	Last Name
	Phone