E Health ideas Requirements

**Actors**

1. General Public
2. Patients
3. Doctors
4. Hospitals
5. Insurance companies (Provide details on a patients entry to a hospital with basic info)
6. Pharmacies
7. Diagnostic Labs (Just Entry)
8. Blood/Organ banks (Just visual evidence of the prescription )

**General Profile Building**

1. Name
2. Blood Group/type
3. Gender
4. Martial Status
5. Address

**Building Additional Profiles (restriction that requires the consent)**

1. Family Members (only)

**Creation of Medical Contacts**

1. Name (Doctor’s Name)
2. Address
3. Phone number
4. Email
5. Brief note for reference

**\*\*Email must be sent to the doctor, when his/her contact been added\*\***

**Appointments (targets the general public and patients)**

1. Hospital Preferences (nearest location/ preferred hospital)
2. Doctor Preference (Specializations)
3. Available date/timings
4. Email confirmation before and after the set appointment
5. E-ticket

**E-Ticket (Issued after fixing an appointment)**

1. Patients Name
2. Doctors Name
3. Appointment Time
4. Hospital name and address
5. Assigned number

**Health Goals**

1. BP
2. Weight control
3. BMI
4. Exercise Preferences
5. Food Monitoring

**Additional Information**

1. Medical Details (Includes immunization details)
2. Medication Details
3. Allergies
4. Test results/ prescriptions
5. File Upload for undocumented details

**Search (General Search engine throughout the site for basic search preference)**

1. Doctors (by name/specialization)
2. By location
3. By insurance

\*\* When a doctor or a hospital is searched, along with the results, the available timings for that set doctor and hospital are also displayed which can then link to the appointment module\*\*

**Insurance Policy Details (Insurance details and their past insurance provider details)**

1. Insurance Provider Name
2. Policy ID
3. Name of the primary candidate on the policy (if the person is not the primary candidate)
4. Coverage Options
5. Issued date/ expiration date

**Emergency Situations**

1. Provide basic details of the individual to whom ever it is concerned
2. Provide an unique id or use an unique id that is already in affect (citizen ID)
3. ID can be used to gain access to some medical details upon an emergency

**General Public / patients Registration**:

Name:

Gender:

Marital Status:

(If Martial Status is **yes** provide details: )

BloodGroup:

Address:

Email:

Phone:

Username:

Password:

Re-enter Password:

**Hospital Registration:**

Hospital Name:

Street:

City:

State/province:

Zip/postal code:

Country:

Contact Person:

Phone:

Email:

Fax :

Web Site:

Brief Note:

Username:

Password:

Re-enter Password:

**Doctor Registration Details**:

First Name:

Last Name:

Specialty:

Hospital:

Address:

City:

State:

Pin Code:

Email:

Fax No:

Telephone:

Brief Note:

Username:

Password:

Re-enter Password:

**Blood Bank Registration:**

Blood Bank Name:

Address:

City/State/Pin Code:

Email Id:

Web Site:

Phone no:

Fax :

Contact Person 1:

Contact Person 2:

Username:

Password:

Re-enter Password:

**Insurance Companies Registration: (Health)**

Name of the Company:

Address:

Town/city:

Postal Code:

Telephone:

Fax:

Email:

Website:

Regions Covered:

Type of Insurance policies Cover offered:

Username:

Password:

Re-enter Password:

**Pharmacy Registration:**

Pharmacy Name:

Pharmacist Name:

Pharmacy ID:

Address:

City:

State:

Zip:

Fax:

Phone:

Email:

Username:

Password:

Re-enter Password:

**Diagnostic Labs:**

Diagnostic Lab Name:

Diagnostic Lab ID:

Contact Person Name:

Address:

City:

State:

Zip:

Fax:

Phone:

Email:

Username:

Password:

Re-enter Password: