<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<title>Healthcare Diagnostics & Treatment</title>

<style>

body {

font-family: Arial, sans-serif;

background-color: #f3f7fb;

margin: 0;

padding: 20px;

}

.container {

background: #fff;

max-width: 600px;

margin: auto;

padding: 30px;

border-radius: 10px;

box-shadow: 0 4px 8px rgba(0,0,0,0.1);

}

h2 {

text-align: center;

color: #2c3e50;

}

label {

display: block;

margin-top: 15px;

color: #34495e;

}

input[type="text"],

input[type="date"],

select,

textarea {

width: 100%;

padding: 10px;

margin-top: 5px;

border: 1px solid #ccc;

border-radius: 5px;

}

textarea {

resize: vertical;

}

button {

margin-top: 20px;

width: 100%;

padding: 12px;

background-color: #3498db;

color: white;

border: none;

border-radius: 5px;

font-size: 16px;

cursor: pointer;

}

button:hover {

background-color: #2980b9;

}

</style>

</head>

<body>

<div class="container">

<h2>Patient Care Form</h2>

<form>

<label for="subName">Sub Name:</label>

<input type="text" id="subName" name="subName" placeholder="Enter subject name">

<label for="sex">Sex:</label>

<select id="sex" name="sex">

<option value="">-- Select --</option>

<option value="Male">Male</option>

<option value="Female">Female</option>

<option value="Other">Other</option>

</select>

<label for="carePlan">Care Plan:</label>

<input type="text" id="carePlan" name="carePlan" placeholder="e.g., Weekly Checkups, Diet Plan">

<label for="appointment">Appointment Scheduling:</label>

<input type="date" id="appointment" name="appointment">

<label for="healthDesc">Health Description:</label>

<textarea id="healthDesc" name="healthDesc" rows="4" placeholder="Describe the patient's condition or disease..."></textarea>

<label for="symptoms">Symptoms:</label>

<select id="symptoms" name="symptoms[]" multiple>

<option value="headache">Headache</option>

<option value="cough">Cough</option>

<option value="diarrhea">Diarrhea</option>

<option value="fever">Fever</option>

<option value="fatigue">Fatigue</option>

<option value="nausea">Nausea</option>

</select>

<button type="submit">Submit</button>

</form>

</div>

</body>

</html>

/\* General Page Setup \*/

body {

font-family: Arial, sans-serif;

background-color: #f3f7fb;

margin: 0;

padding: 20px;

}

/\* Form Container \*/

.container {

background: #fff;

max-width: 600px;

margin: auto;

padding: 30px;

border-radius: 10px;

box-shadow: 0 4px 8px rgba(0,0,0,0.1);

}

/\* Headings \*/

h2 {

text-align: center;

color: #2c3e50;

}

/\* Form Labels \*/

label {

display: block;

margin-top: 15px;

font-weight: bold;

color: #34495e;

}

/\* Input Fields, Selects, and Textareas \*/

input[type="text"],

input[type="date"],

select,

textarea {

width: 100%;

padding: 10px;

margin-top: 5px;

border: 1px solid #ccc;

border-radius: 5px;

font-size: 14px;

box-sizing: border-box;

}

textarea {

resize: vertical;

}

/\* Multi-select appearance \*/

select[multiple] {

height: auto;

min-height: 100px;

}

/\* Submit Button \*/

button {

margin-top: 20px;

width: 100%;

padding: 12px;

background-color: #3498db;

color: white;

border: none;

border-radius: 5px;

font-size: 16px;

cursor: pointer;

transition: background-color 0.3s ease;

}

button:hover {

background-color: #2980b9;

}