1. **User Details**

|  |  |
| --- | --- |
| **Field** | **Data Type** |
| User id | Number ( Primary Key) |
| Name | Varchar |
| Email id | Varchar |
| Password | Varchar |
| Role | Varchar |

**ii. Doctor**

|  |  |
| --- | --- |
| **Field** | **Data Type** |
| User\_id | User ( Foreign Key) |
| Contact no | Integer |
| Education | Varchar |
| Speciality | Varchar |
| Associate\_hospital | Varchar |

**iii. Disease**

|  |  |
| --- | --- |
| **Field** | **Data Type** |
| Disease\_id | Number (Primary Key) |
| Name | Varchar |
| Symptoms | Varchar |
| Description | Varchar |
| Cause | Varchar |

**iv. Skin Disease**

|  |  |
| --- | --- |
| **Field** | **Data Type** |
| Skin\_Disease\_id | Number (Primary Key) |
| Name | Varchar |
| Image1 | Image |
| Image2 | Image |
| Image3 | Image |

**v. Disease Treatment**

|  |  |
| --- | --- |
| **Field** | **Data Type** |
| Id | Number ( Primary Key) |
| Disease\_id | Number (Foreign Key) |
| Description | Varchar |
| Duration | Varchar |

**vi. Hospital**

|  |  |
| --- | --- |
| **Field** | **Data Type** |
| Id | Number (Primary Key) |
| Name | Varchar |
| Address | Varchar |
| Location | Varchar |
| Speciality | Varchar |
| Timings | Date-Time |
| Pincode | Integer |

**vii. Pharmacy**

|  |  |
| --- | --- |
| **Field** | **Data Type** |
| Id | Number ( Primary Key) |
| Name | Varchar |
| Location | Varchar |

**viii. Question**

|  |  |
| --- | --- |
| **Field** | **Data Type** |
| Que\_id | Number (Primary key) |
| Text | Varchar |
| Date\_posted | DateTime |

**ix. Answer**

|  |  |
| --- | --- |
| **Field** | **Data Type** |
| Answer\_id | Number (Primary key) |
| Que\_id | Number(Foreign key) |
| Text | Varchar |
| Date\_Posted | DateTime |