**Disease**

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

**Treatment**

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

**User**

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

**Hospital**

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

**Chemist**

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

**Question**

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

**Answer**

|  |  |
| --- | --- |
| **Field** | **Data Type** |
| Answer\_id | Number (primary key) |
| Que\_id | Number(Primary key) |
| Text | Varchar |