patient_medical

patient_medical_id 🔑	INT	NN
patient_id	INT	NN
blood_type	INT	NN
allergies		TEXT
medical_condition		TEXT
medical_history		TEXT
insurance_details	VARCHAR(100)	

blood

blood_type 🔑	VARCHAR(3)	NN
compatible_types	VARCHAR(30)	

donor_medical

donor_medical_id 🔑	INT	NN
donor_id	INT	NN
blood_type	INT	NN
allergies		TEXT
weight	DECIMAL(10,2)	
medical_condition		TEXT
medical_history		TEXT
insurance_details	VARCHAR(100)	

hospital

hospital_id 🔑	INT	NN
hospital_name	VARCHAR(100)	
contact_number	VARCHAR(15)	
email	VARCHAR(100)	
head_doctor_name	VARCHAR(100)	
services_offered		TEXT
emergency_services_availability		BOOLEAN

blood_donations

blood_donations_id 🔑	INT	NN
donor_medical_id	INT	NN
hospital_id		INT
private_facility_id		INT
collection_date		DATE
expiry_date		DATE
contaminated		BOOLEAN
blood_description		TEXT
component_type	VARCHAR(20)	
anticoagulant_used	VARCHAR(50)	
quantity	DECIMAL(10,2)	

blood_transfusion

transfusion_id 🔑	INT	NN
patient_medical_id	INT	NN
hospital_id		INT
private_facility_id		INT
admission_date		DATE
discharge_date		DATE
transfusion_date		DATE
room_number	VARCHAR(20)	

patient

patient_id 🔑	INT	NN
first_name	VARCHAR(50)	
last_name	VARCHAR(50)	
date_of_birth		DATE
gender		ENUM
contact_number	VARCHAR(15)	
email	VARCHAR(100)	
home_address	VARCHAR(255)	

private_facility

facility_id 🔑	INT	NN
facility_name	VARCHAR(100)	
contact_number	VARCHAR(15)	
email	VARCHAR(100)	
contact_person	VARCHAR(100)	
services_offered		TEXT
emergency_services_availability		BOOLEAN

donor

donor_id 🔑	INT	NN
first_name	VARCHAR(50)	
last_name	VARCHAR(50)	
date_of_birth		DATE
gender		ENUM
contact_number	VARCHAR(15)	
email	VARCHAR(100)	
home_address	VARCHAR(255)	

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patient_medical

patient_medical_id 🔗	INT NN
patient_id	INT NN
blood_type	INT NN
allergies	TEXT
medical_condition	TEXT
medical_history	TEXT
insurance_details	VARCHAR(100)

blood

blood_type 🔗	VARCHAR(3) NN
compatible_types	VARCHAR(30)

donor_medical

donor_medical_id 🔗	INT NN
donor_id	INT NN
blood_type	INT NN
allergies	TEXT
weight	DECIMAL(10,2)
medical_condition	TEXT
medical_history	TEXT
insurance_details	VARCHAR(100)

hospital

hospital_id 🔗	INT NN
hospital_name	VARCHAR(100)
contact_number	VARCHAR(15)
email	VARCHAR(100)
head_doctor_name	VARCHAR(100)
services_offered	TEXT
emergency_services_availability	BOOLEAN

blood_transfusion

transfusion_id 🔗	INT NN
patient_medical_id	INT NN
hospital_id	INT
private_facility_id	INT
admission_date	DATE
discharge_date	DATE
transfusion_date	DATE
room_number	VARCHAR(20)

blood_donations

blood_donations_id 🔗	INT NN
donor_medical_id	INT NN
hospital_id	INT
private_facility_id	INT
collection_date	DATE
expiry_date	DATE
contaminated	BOOLEAN
blood_description	TEXT
component_type	VARCHAR(20)
anticoagulant_used	VARCHAR(50)
quantity	DECIMAL(10,2)

patient

patient_id 🔗	INT NN
first_name	VARCHAR(50)
last_name	VARCHAR(50)
date_of_birth	DATE
gender	ENUM
contact_number	VARCHAR(15)
email	VARCHAR(100)
home_address	VARCHAR(255)

private_facility

facility_id 🔗	INT NN
facility_name	VARCHAR(100)
contact_number	VARCHAR(15)
email	VARCHAR(100)
contact_person	VARCHAR(100)
services_offered	TEXT
emergency_services_availability	BOOLEAN

donor

donor_id 🔗	INT NN
first_name	VARCHAR(50)
last_name	VARCHAR(50)
date_of_birth	DATE
gender	ENUM
contact_number	VARCHAR(15)
email	VARCHAR(100)
home_address	VARCHAR(255)

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