



Activity 6.9: Making an Admissions Form

To practice creating HTML forms, we'll create a longer form with a variety of different types of inputs. While our hospital admissions form is an abbreviated version of the real thing, this should give you more of a feel for developing commercial forms.

1) Let's start by entering our HTML basic document structure, accompanied by form tags to hold your form elements.

```
<!DOCTYPE HTML>
<html>
  <head>
    <title>Hospital Admission Activity</title>
  </head>
  <body>
    <form action="#" method="post">

    </form>
  </body>
</html>
```

2) Insert an **<h1>** element just below the opening **<body>** tag and use "Hospital Admission Information" as your element text.

3) Create a form that collects the following information. Use the form field and field types specified below. Lay out the form using a **<table>** and related elements so that it looks neat. Don't forget to label each of your form fields so your user knows what to place in each field. Use "#" for the value of your action and "post" as the method.

Form Field	Type of Field
Patient First Name	Text
Patient Last Name	Text
Patient Email Address	Text
Patient Phone Number	Text
Patient Street Address	Text

Patient City	Text
Patient State	Drop-Down
Patient Zip	Text
Patient Age	Number (Limited to entries between 0-115)
Patient DOB	Drop-down for Month and Day, Text for Year
Patient Gender	Radio Buttons for Male and Female
Patient Health History	Check Boxes for the following: Heart Attack Stroke Cancer Hypertension Depression COPD Other (Add Text Field for explanation)

Typically, when a <table> is used to lay out a form, the labels are in one column and the input places in an adjacent column. You may have to experiment to get the look you desire.

```
60 <option value="AL">Alabama</option>
61 <option value="AK">Alaska</option>
62 <option value="AZ">Arizona</option>
63 <option value="AR">Arkansas</option>
64 <option value="CA">California</option>
65 <option value="CO">Colorado</option>
66 <option value="CT">Connecticut</option>
67 <option value="DE">Delaware</option>
68 <option value="DC">District Of Columbia</option>
69 <option value="FL">Florida</option>
70 <option value="GA">Georgia</option>
71 <option value="HI">Hawaii</option>
72 <option value="ID">Idaho</option>
73 <option value="IL">Illinois</option>
74 <option value="IN">Indiana</option>
75 <option value="IA">Iowa</option>
76 <option value="KS">Kansas</option>
77 <option value="KY">Kentucky</option>
78 <option value="LA">Louisiana</option>
79 <option value="ME">Maine</option>
80 <option value="MD">Maryland</option>
81 <option value="MA">Massachusetts</option>
82 <option value="MI">Michigan</option>
83 <option value="MN">Minnesota</option>
84 <option value="MS">Mississippi</option>
85 <option value="MO">Missouri</option>
86 <option value="MT">Montana</option>
87 <option value="NE">Nebraska</option>
88 <option value="NV">Nevada</option>
89 <option value="NH">New Hampshire</option>
90 <option value="NJ">New Jersey</option>
91 <option value="NM">New Mexico</option>
```

Hint: The state drop down is easily found only. You probably don't want to type 50 state abbreviations and `<option>` tags. Search for "State Drop Down" and you'll see several places where you may access the code.

4) Add submit and reset buttons to the bottom of the form.

5) Use CSS to make your `<table>` containing your form more visually pleasing. Yours will likely look very different than mine when complete

Hospital Admission Information

First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Alabama"/>
Zip	<input type="text"/>
Age	<input type="text"/>
Date of Birth	<input type="text" value="January"/> - <input type="text" value="1"/> - <input type="text"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female
Health History	<input type="checkbox"/> Heart Attack
	<input type="checkbox"/> Stroke
	<input type="checkbox"/> Cancer
	<input type="checkbox"/> Hypertension
	<input type="checkbox"/> Depression
	<input type="checkbox"/> COPD
Other	<input type="text"/>
<input type="button" value="confirm"/> <input type="button" value="start over"/>	