Fields on Website [Healtrail]

# Homepage

* 1. **Header**
     1. **Sign In Modal**
        1. Username \*
        2. Password \*
        3. Sign in for Doctor, Diagnostic Center and Hospital
        4. Forgot Password
        5. Login with Facebook
        6. Login with Google
     2. **Sign Up** 
        1. **Patient**
           1. First name \*
           2. Last name \*
           3. Email id \*
           4. Password \*
           5. Confirm Password \*
           6. Contact number - Mobile \*
           7. Captcha \*
           8. T&C \*
           9. Activate account from email
           10. OTP for mobile activation
        2. **Doctor**
           1. First name \*
           2. Last name \*
           3. Speciality \*
           4. Degrees \*
           5. Email id \*
           6. Password \*
           7. Confirm Password \*
           8. Contact number - Mobile \*
           9. Captcha \*
           10. T&C \*
           11. Activate account from email
           12. OTP to confirm Mobile Number \*

------> \*\*\*\* Prescription Survey\*\*\*\* ---->Profile

* + - * 1. Method of prescription by doctors (Checkbox)\*

Through Website

Paper

Through App

Upload a picture

Other suggestions : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. **Hospital**
         1. Name \*
         2. Street \*
         3. Landmark
         4. City \*
         5. State \* (Dropdown default Maharashtra)
         6. Country \* (Dropdown default India)
         7. Zipcode \*
         8. Email
         9. Contact Number 1 \*
         10. Contact Number 2
         11. Fax
         12. Website address
         13. Drugstore Facility (Radio Button default NO)
         14. Founded Year
         15. Added facilities / services (Added on pressing PLUS button)
         16. Upload

List of doctors

List of treatments

Facilities

Fees for each service

Infrastructure and facilities

* + - * 1. Method of prescription by doctors (Checkbox) \*

Through Website

Paper

Through App

Upload a picture

Other suggestions : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - * 1. Other information
      1. **Diagnostics Center**
         1. Diagnostic Center Name
         2. Reg ID
         3. Branch Name
         4. Contact Number
         5. Email ID
         6. Street
         7. City
         8. State
         9. Country
         10. Zipcode

\*\*This information will be sent to Healtrail in form of an Email for approval\*\*

* + 1. **Search**
       1. City
       2. Locality
       3. Speciality / Treatment (Text + Dropdown)
  1. **Body**
     1. Services Display
     2. Benefits for different users
     3. About us
     4. Write to Healtrail
  2. **Footer**
     1. Specialization list
     2. City list
     3. Treatment list
     4. Hospitals list
     5. Contact details
     6. Techtm Logo

# Hospital Profile

* 1. Name
  2. Street\*
  3. Landmark
  4. City\*
  5. State\* (Dropdown default Maharashtra)
  6. Country\* (Dropdown default India)
  7. Zipcode\*
  8. Email
  9. Contact Number 1\*
  10. Contact Number 2
  11. Fax
  12. Website address
  13. Drugstore Facility (Radio Button default NO)
  14. Founded Year
  15. Added facilities / services (Added on pressing PLUS button)
  16. Details
      1. List of doctors
      2. List of treatments
      3. Facilities
      4. Fees for each service
      5. Infrastructure
  17. Other information

# Doctor Profile

* 1. Secondary Contact Number
  2. Land Line (Extension 3 digit - Number 8 digit )
  3. Gender (Checkbox)
  4. DOB\*
  5. Street\*
  6. City\* (Dropdown)
  7. State\* (Dropdown)
  8. Country (Drop down default India)
  9. ZipCode\*
  10. Doctor Reg Number
  11. Clinics / Hospitals
      1. Clinic/Hospital Name\*
      2. Hospital/Clinic (Radio)
      3. Street
      4. Landmark
      5. City\*
      6. State\* (Dropdown default Maharashtra)
      7. Country\* (Dropdown default India)
      8. Zipcode
      9. Timings
      10. Days
      11. Consultation Fees
      12. Contact Number 1
      13. Contact Number 2
  12. Other information

# Diagnostic Center Profile

* 1. TImings
  2. Second Number
  3. Landline (Office)
  4. Reports Details
     1. Report Name\*
     2. Cost\*
     3. Estimated time for generation\*
     4. Availability in electronic form\* (Check Box)

# Search Result Page

* 1. Toggling filters
     1. Select City (Checkbox)
     2. Select Locality (Checkbox)
     3. Select Treatment (Checkbox)
  2. Avatar / Profile Picture
  3. Log out (If signed in)
  4. Select particular service from search result (Nav Bar for Doctors, Diagnostic and hospitals)
  5. Previous page - Next page option (Pagination)
  6. Sort by
  7. Search bar

# Payment Option Page

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OLD Reference Work-------------------------

1. **Sign In Modal**
   1. Username
   2. Password
   3. Sign in for Doctor, Diagnostic Center and Hospital
   4. Forgot Password
   5. Login with Facebook
   6. Login with Google
2. **Register Patient**
   1. First name\*
   2. Last name\*
   3. Email id\*
   4. Password\*
   5. Confirm Password\*
   6. Contact number - Mobile\*
   7. Captcha\*
   8. T&C\*

Activate account from email

* 1. OTP to confirm Mobile Number\*

1. **Complete Patient Profile**
   1. Secondary Contact Number
   2. Land Line (Extension 3 digit - Number 8 digit )
   3. Gender\* (Checkbox)
   4. DOB\*
   5. Street\*
   6. City\* (Dropdown)
   7. State\* (Dropdown)
   8. Country (Drop down default India)
   9. ZipCode\*
   10. Emergency Contact Number
       1. Name of person\*
       2. Contact Number- Mobile\*
       3. Alternate Number
       4. Email ID
       5. Relation
       6. City
   11. Adhaar ID (Optional for now)
   12. Employment status - Check box
       1. Employed
       2. Unemployed
       3. Student
       4. Retired
       5. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   13. About
2. **Register Doctor**
   1. First name\*
   2. Last name\*
   3. Speciality\*
   4. Degrees\*
   5. Email id\*
   6. Password\*
   7. Confirm Password\*
   8. Contact number - Mobile\*
   9. Captcha\*
   10. T&C\*

Activate account from email

* 1. OTP to confirm Mobile Number\*

------> \*\*\*\* Prescription Survey\*\*\*\* ---->Profile

1. **Complete Doctor Profile**
   1. Secondary Contact Number
   2. Land Line (Extension 3 digit - Number 8 digit )
   3. Gender (Checkbox)
   4. DOB\*
   5. Street\*
   6. City\* (Dropdown)
   7. State\* (Dropdown)
   8. Country (Drop down default India)
   9. ZipCode\*
   10. Doctor Reg Number
   11. Clinics / Hospitals
       1. Clinic/Hospital Name\*
       2. Hospital/Clinic (Radio)
       3. Street
       4. Landmark
       5. City\*
       6. State\* (Dropdown default Maharashtra)
       7. Country\* (Dropdown default India)
       8. Zipcode
       9. Timings
       10. Days
       11. Consultation Fees
       12. Contact Number 1
       13. Contact Number 2
   12. Other information
2. **Register Diagnostic**
   1. Diagnostic Name
   2. Reg ID
   3. Branch Name
   4. Contact Number
   5. Email ID
   6. Street
   7. City
   8. State
   9. Country
   10. Zipcode

\*\*\*\*This information will be sent to Healtrail in form of an Email for approval\*\*\*\*

1. **Complete Diagnostic Registration**
   1. TImings
   2. Second Number
   3. Landline (Office)
   4. Reports Details
      1. Report Name\*
      2. Cost\*
      3. Estimated time for generation\*
      4. Availability in electronic form\* (Check Box)
2. **Search bar**
   1. City
   2. Locality
   3. Speciality / Treatment (Text + Dropdown)

# Search result page

1. Toggling filters
   1. Select City (Checkbox)
   2. Select Locality (Checkbox)
   3. Select Treatment (Checkbox)
2. Avatar / Profile Picture
3. Log out (If signed in)
4. Select particular service from search result (Nav Bar for Doctors, Diagnostic and hospitals)
5. Previous page - Next page option (Pagination)
6. Sort by
7. Search bar

# Payment Options page

# Hospital profile

# Doctor profile

# Diagnostics center profile

# Hospital signup

1. Name
2. Street\*
3. Landmark
4. City\*
5. State\* (Dropdown default Maharashtra)
6. Country\* (Dropdown default India)
7. Zipcode\*
8. Email
9. Contact Number 1\*
10. Contact Number 2
11. Fax
12. Website address
13. Drugstore Facility (Radio Button default NO)
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16. Upload
    1. List of doctors
    2. List of treatments
    3. Facilities
    4. Fees for each service
    5. Infrastructure and facilities
17. Method of prescription by doctors (Checkbox)\*
    1. Through Website
    2. Paper
    3. Through App
    4. Upload a picture
    5. Other suggestions : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. Other information