Patients

PK	PatID
1	Name First_Name Middle_Name Last_Name
2	Contact_Info EmailID PhoneNo
3	Date_of_Birth
4	Address Street City State Country
5	Medical Conditions Chronic_Diseases Disability

Healthcare Providers

PK	HPID
FK	MFID
1	Name First_name Middle_Name LastName
2	Contact_info' EmailID PhoneNo
3	Area of expertise

Medical Record

PK	MRID
FK	PatID
FK	HPID
FK	MFID
FK	DID
FK	PrescID
1	Disease
2	Date and Time of visit
3	Diagnosis
4	Patient Information Age Height Weight
5	Medical Condition Chronic Disease Disability

Medical Facilities

PK	MFID
1	Name
2	Location Street City State Country
3	Contact_info EmailID PhoneNo

Disease

PK	DID
1	Name
2	Symptoms
3	Type
4	Branch of Medicine

Medicine

PK	MedID
1	Name
2	Description

Prescription

PK	PrescID
FK	MedID
1	Dosage
2	Frequency