

Login Page

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×

Username:

Enter Text

Password:

Enter Text

Login

User Page

—

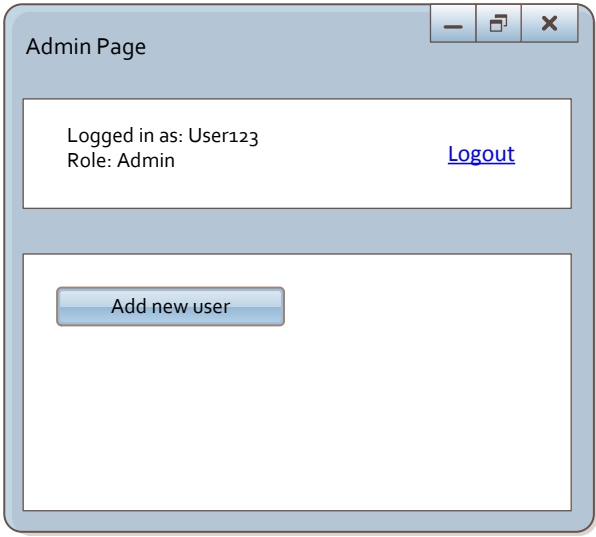
×

Logged in as: User123  
Role: Nurse

[Logout](#)

Select a patient

Add new patient



Select Patient Page

Enter Patient

Refine List

Dee, Sara

Doe, John

Patient1, Name

Patient2, Name

Patient3, Name

Patient4, Name

Smith, John

Select Patient

Select Patient Page

John

Refine List

Doe, John

Smith, John

Select Patient

Smith, John - Patient Page

Patient Name: Smith, John

Checked In: 3 March, 2014

Supervising Physician: Dr. Wellman

Medications: (none)

Other information: .....

Edit Patient Information

Enter Patient Behaviour Observation

View Patient Behaviour Record

Smith, John – Edit Patient Page

Patient Name:

Smith, John

Checked In:

3 March, 2014

Supervising Physician:

Dr. Wellman

Medications:

none

Other information:

...

Cancel

Save Changes


New Patient Page

Patient Name:

Jones, Sara

Checked In:

12 March, 2014



Supervising Physician:

Dr. Wellman

Medications:

none

Other information:

...

Cancel

Add Patient



New User Page

User name:

SJones

Password:

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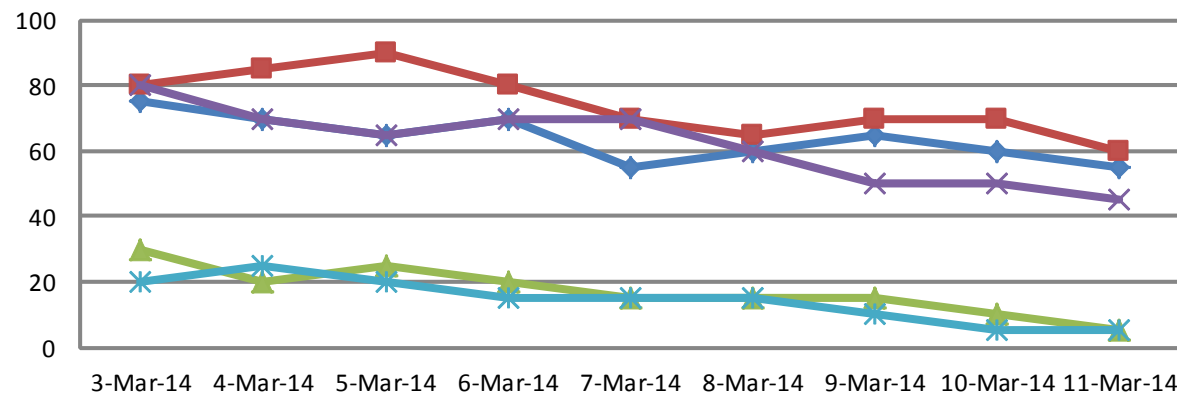
Role:

Admin

Cancel

Add User

## Patient Behaviour History



	3-Mar-14	4-Mar-14	5-Mar-14	6-Mar-14	7-Mar-14	8-Mar-14	9-Mar-14	10-Mar-14	11-Mar-14
Emotional Distress	75	70	65	70	55	60	65	60	55
Withdrawal	80	85	90	80	70	65	70	70	60
Disinhibition	30	20	25	20	15	15	15	10	5
Psychosis	80	70	65	70	70	60	50	50	45
Cognitive Impairment	20	25	20	15	15	15	10	5	5

Close

Smith, John - Patient Behaviour History Page

Patient: Smith, John  
Date: 11 March, 2014  
Time: 15:30

Save

<div>Emotional Distress</div> <div><input checked="" type="checkbox"/> Fearfulness <input type="checkbox"/> Sadness <input type="checkbox"/> Tension <input type="checkbox"/> Despair <input checked="" type="checkbox"/> Mental Anguish</div>	<div>Withdrawal</div> <div><input checked="" type="checkbox"/> Inaction <input type="checkbox"/> Isolation <input type="checkbox"/> Seclusiveness <input checked="" type="checkbox"/> Passivity <input checked="" type="checkbox"/> Avoidance</div>	<div>Disinhibition</div> <div><input checked="" type="checkbox"/> Fearfulness <input type="checkbox"/> Sadness <input type="checkbox"/> Tension <input type="checkbox"/> Despair <input type="checkbox"/> Isolation <input checked="" type="checkbox"/> Passivity <input checked="" type="checkbox"/> Avoidance</div>	<div>Psychosis</div> <div><input checked="" type="checkbox"/> Fearfulness <input type="checkbox"/> Sadness <input type="checkbox"/> Tension <input type="checkbox"/> Despair <input type="checkbox"/> Isolation</div>	<div>Cognitive Impairment</div> <div><input checked="" type="checkbox"/> Fearfulness <input type="checkbox"/> Sadness <input type="checkbox"/> Tension <input type="checkbox"/> Despair <input checked="" type="checkbox"/> Mental Anguish</div>
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