

Tell us a little about yourself First Name Back NEXT

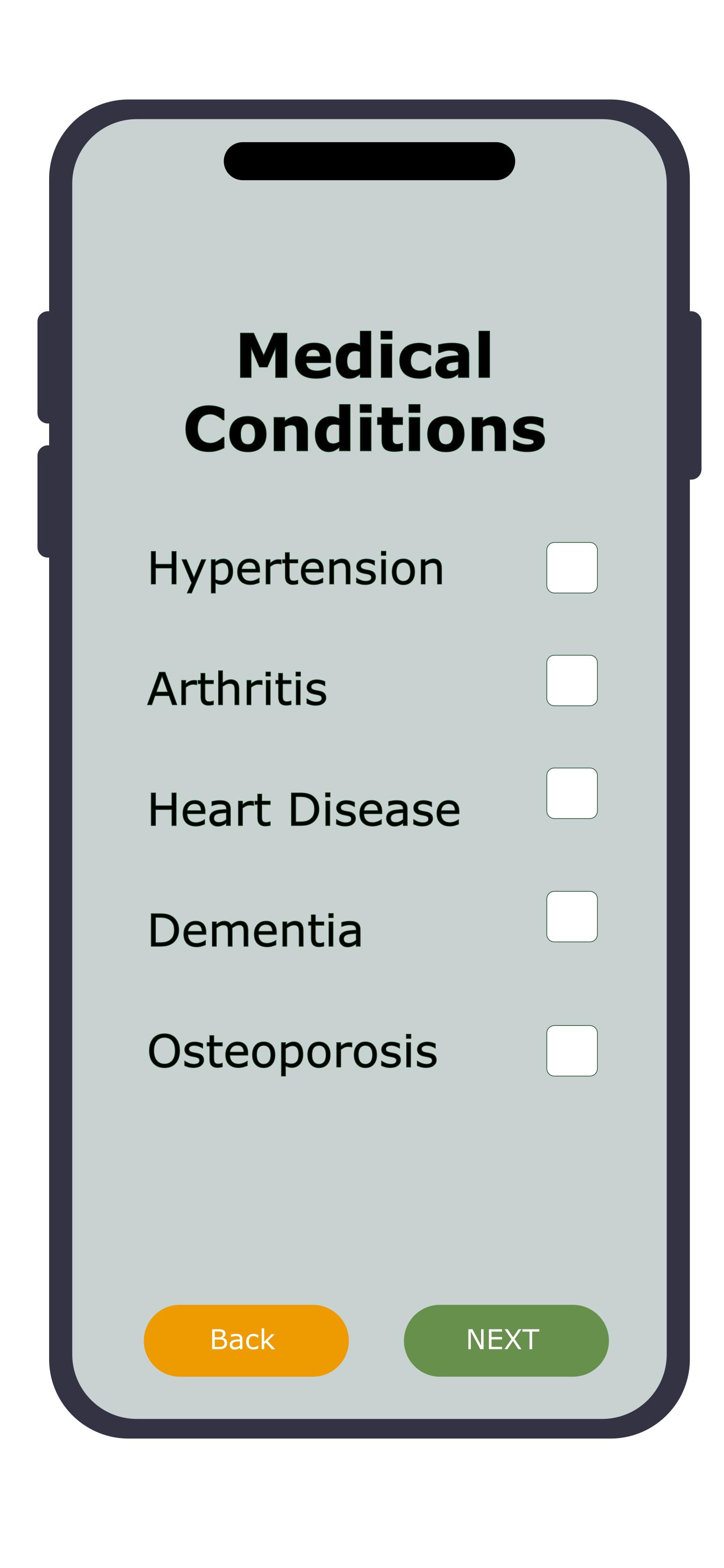








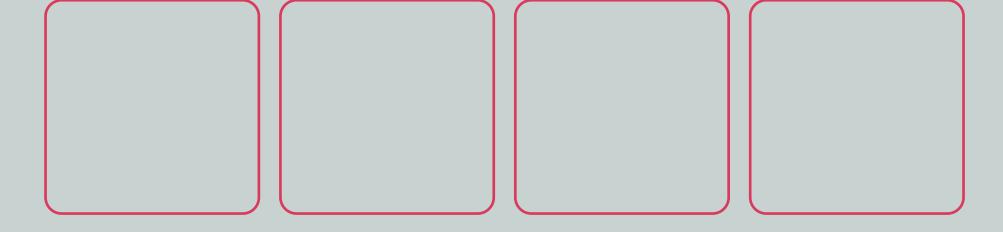




Medication Select checkbox's Hypertension Amlodpine Lisinopril Losartan Hydrochlorthiazade Arthitis Heart Disease Dementia Osteoporosis LASTLEY Back

Create 4 digit pin number

you must not share it



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Dashboard



Carer Sign In

Username

email

4 digit pin number

CARECIFY

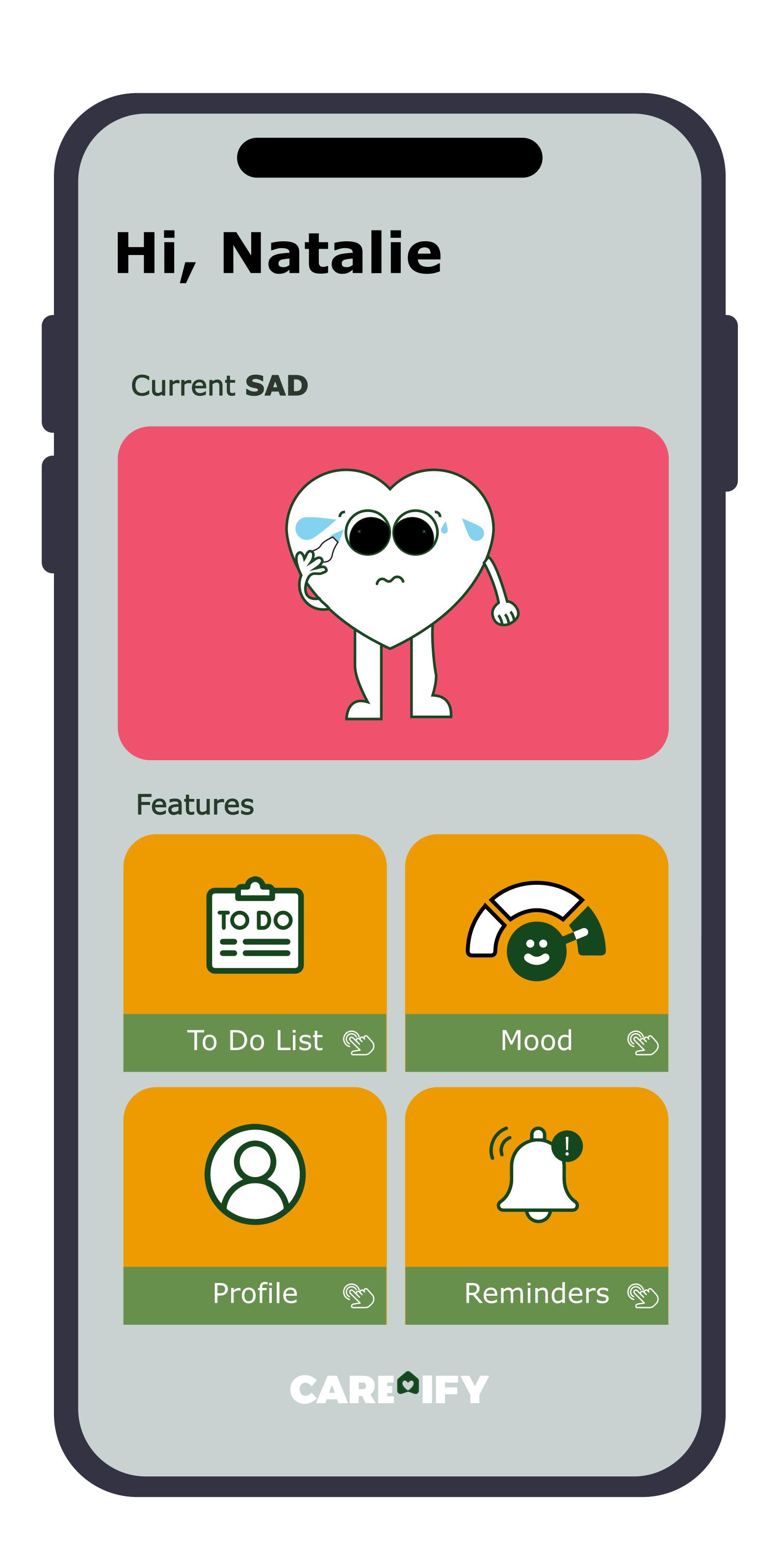
User Sign In

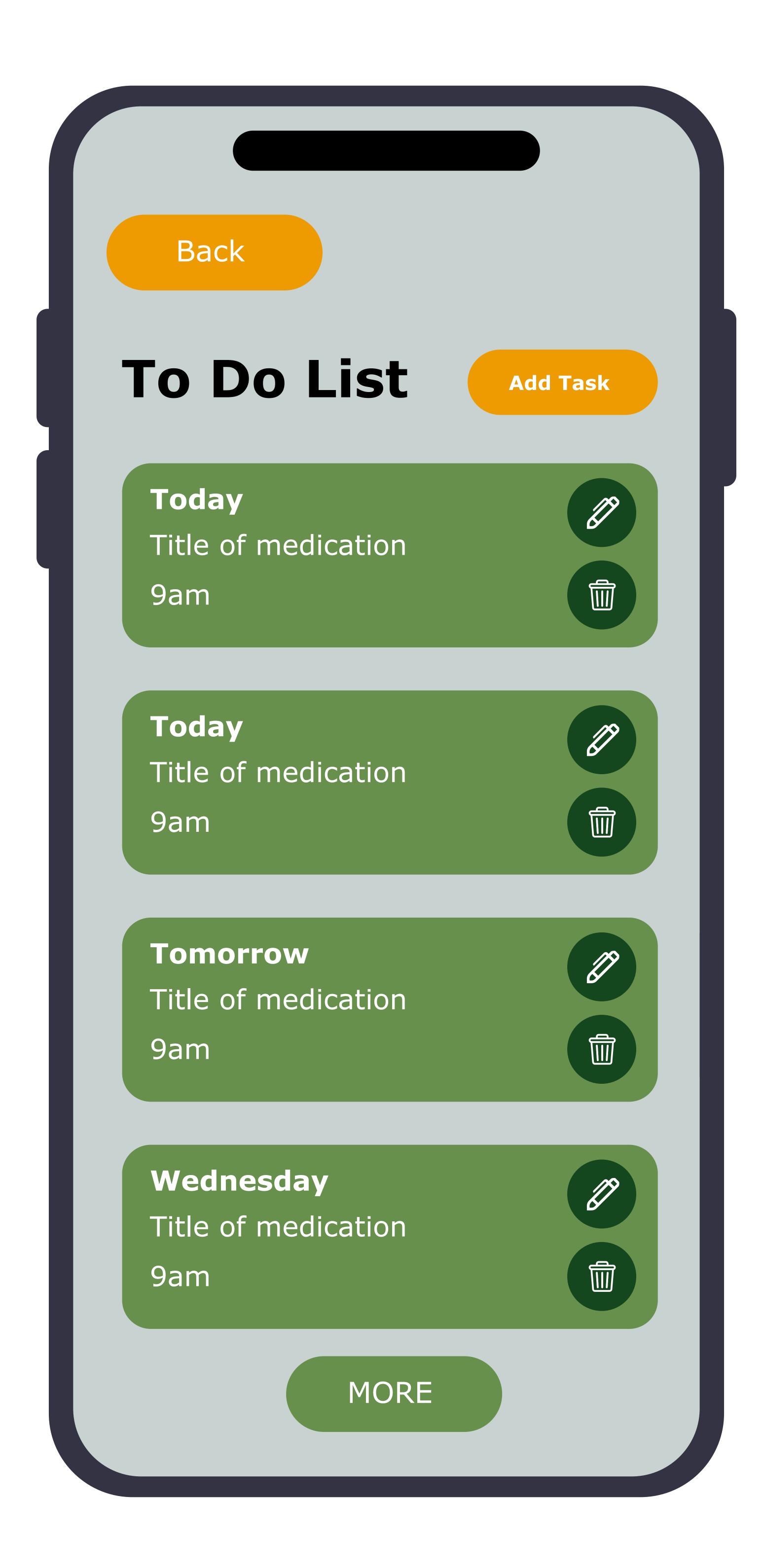
Username

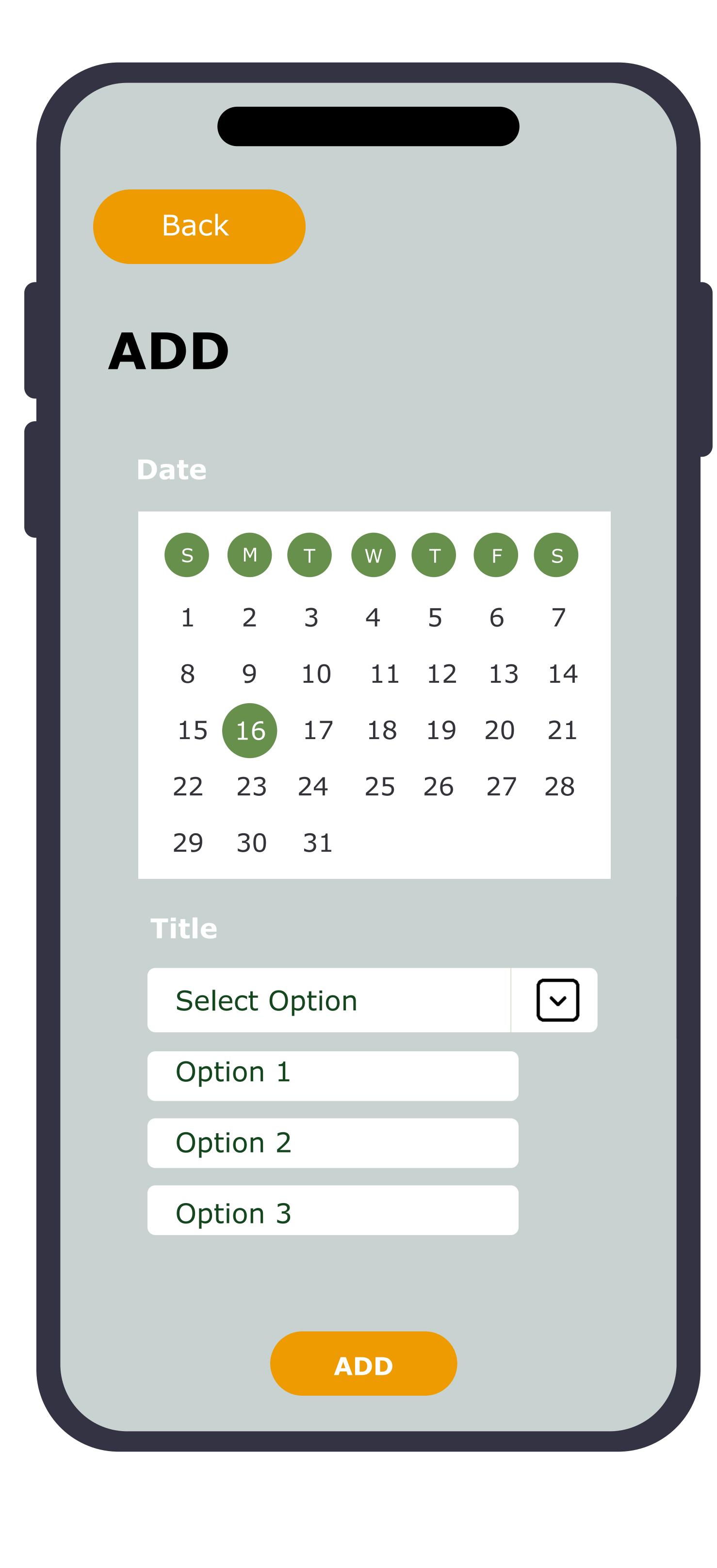
email

4 digit pin number

CARECIFY







Back

EDIT

Date

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Title

Select Option



Option 1

Option 2

Option 3

Update





