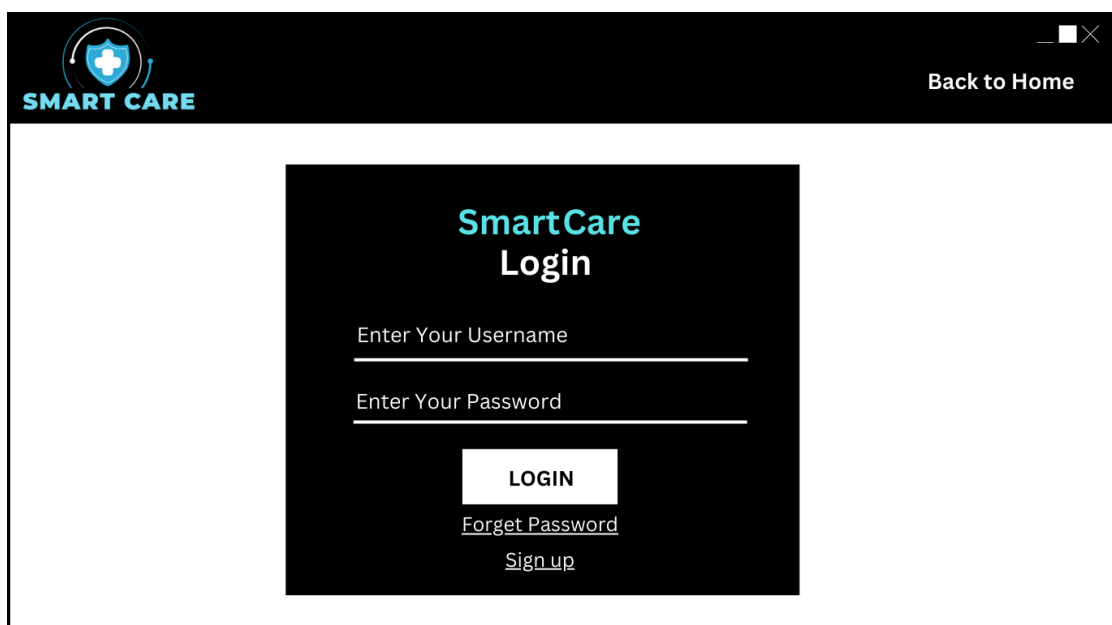



## Home Page



## Login



## Sign Up

Back to Home

### Register

Name :

Age :


Email :

Phone :

Gender : ☐ Male ☐ Female ☐ Other

[Sign in](#)

## Reset Password

Back to Home

### Reset Password

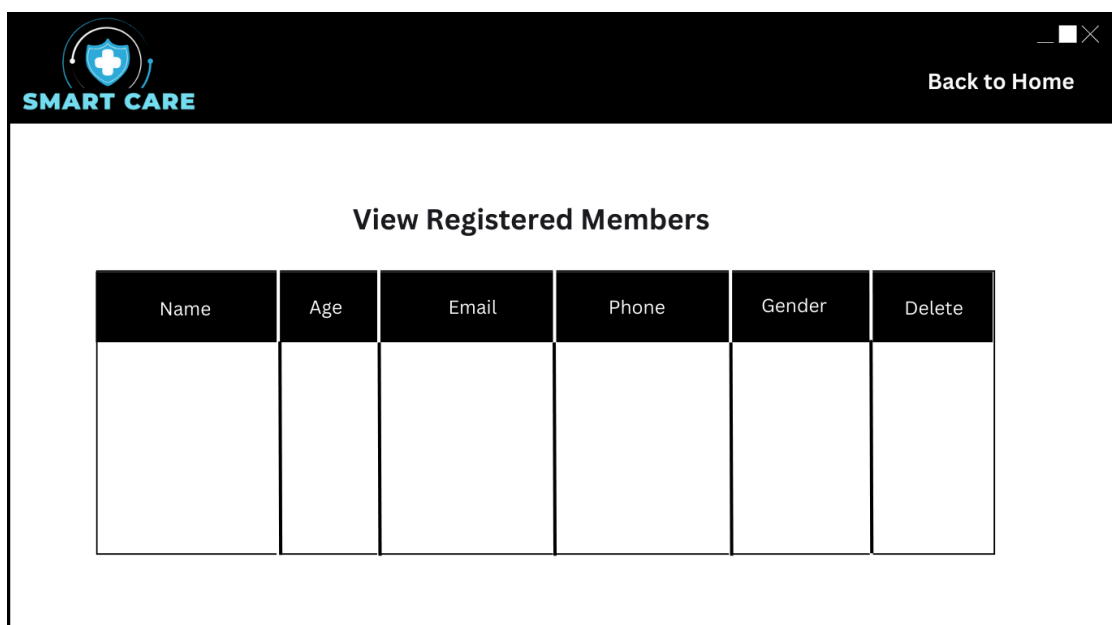
Enter Your Current Password

Update your Password


## Admin Homepage



## View and Manage Registered Members




## View Complaint or Feedback


Back to Home

View Feedback / Complaint

| Sl No | UserName | Review | Date | Time | Reply            |
|-------|----------|--------|------|------|------------------|
|       |          |        |      |      | <div>Reply</div> |

## JHI Homepage


Logout →



Junior Health Inspector

- Vaccine Registration
- Disease Outbreak
- Attendance
- Complaint / Feedback

## Vaccine Registration

Back to Home

### Vaccine Registration

Name of Child

:

Age

:

Date of vaccination

:

Immunization Record


:

----Select ----

▼

Save

## Disease Outbreak


Back to Home

### Disease Outbreak

FIR

ATR

## FIR

Back to Home

### FIR format

\* Indicates required question


**Email \***  
Your Email

**Date of reporting (റിപ്പോർട്ട് ചെയ്യുന്ന തീയതി) \***  
Date  v

**Reported by -Name (റിപ്പോർട്ട് ചെയ്യുന്ന വ്യക്തിയുടെ പേര്) \***  
Your answer

**Phone number of reporting person (റിപ്പോർട്ട് ചെയ്യുന്ന വ്യക്തിയുടെ ഫോൺ നമ്പർ) \***  
Your answer


**Type of institute \***  
☐ Government ☐ Private

Back to Home

### Government

**Name of reporting hospital (റിപ്പോർട്ട് ചെയ്യുന്ന ആശുപത്രിയുടെ പേര്)**  
 v

**Designation of the person entering the report \***  
☐ Doctor  
☐ Nurse  
☐ HI  
☐ JHI  
☐ JPHN  
☐ Other


Back to Home

### Patient Details

**Name of the patient (രോഗിയുടെ പേര്) \***  
 Your answer

**Age**  
 Your answer


**Gender**  
☐ Male  
☐ Female  
☐ Other

**Address (വിലാസം) \***  
 Your answer

**Name of Panchayath/Municipality/Corporation**

**Ward number of residence**  
 Your answer

## Action Taken Report


Back to Home

### Action Taken Report

\* Indicates required question


**Email \***  
 Your Email

**Name of the investigator \***  
 Your answer

**Phone number of investigator \***  
 Your answer

**Name of reporting hospital (റിപ്പോർട്ട് ചെയ്യുന്ന ആശുപത്രിയുടെ പേര്) \***

**Designation of the person entering the report \***  
☐ Doctor ☐ HI ☐ JHI ☐ JPHN


Back to Home

### Patient Details

**Date of reporting of case**  
 Date


**Date of initiation of investigation**  
 Date

**How was the case identified**  
☐ From Arogyasena member/ASHA    ☐ Fever/Symptoms survey  
☐ Routine House visit    ☐ Contact surveillance of an existing case

**Name of the patient (രോഗിയുടെ പേര്) \***  
 Your answer

**Name of the patient's bystander \***  
 Your answer

Next
Clear


Back to Home

### Vaccination Details

**Comorbidities**  
 Your answer

**Did the patient take the following vaccines**

|                          | Yes                   | No                    | Don't remember        |
|--------------------------|-----------------------|-----------------------|-----------------------|
| MMR                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DPT                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Varicella Zoster Vaccine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HiB                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Typhoid Vaccine          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Influenza vaccine        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Back
submit




## Send Complaint or Feedback


Back to Home

Review

POST

## Patient Homepage


Logout [->]Back to Home



Patient

- Add Report
- Search Doctor
- Complaint / Feedback

## Add Report

Back to Home

### Report


Choose file :

Upload

SAVE

Save

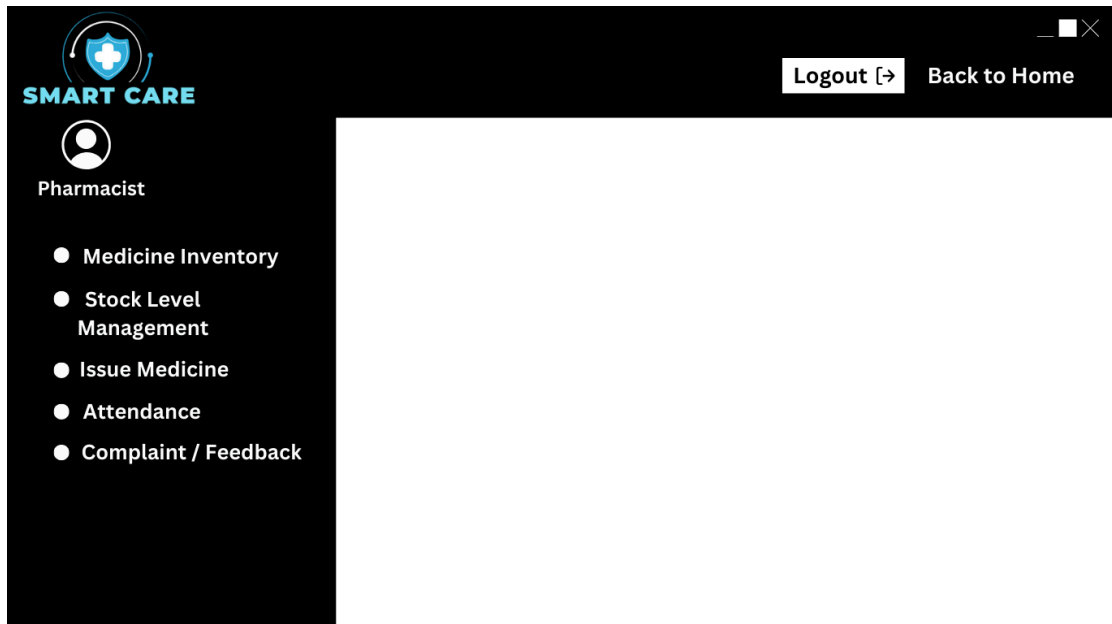
## Search Doctor based on Name

Back to Home

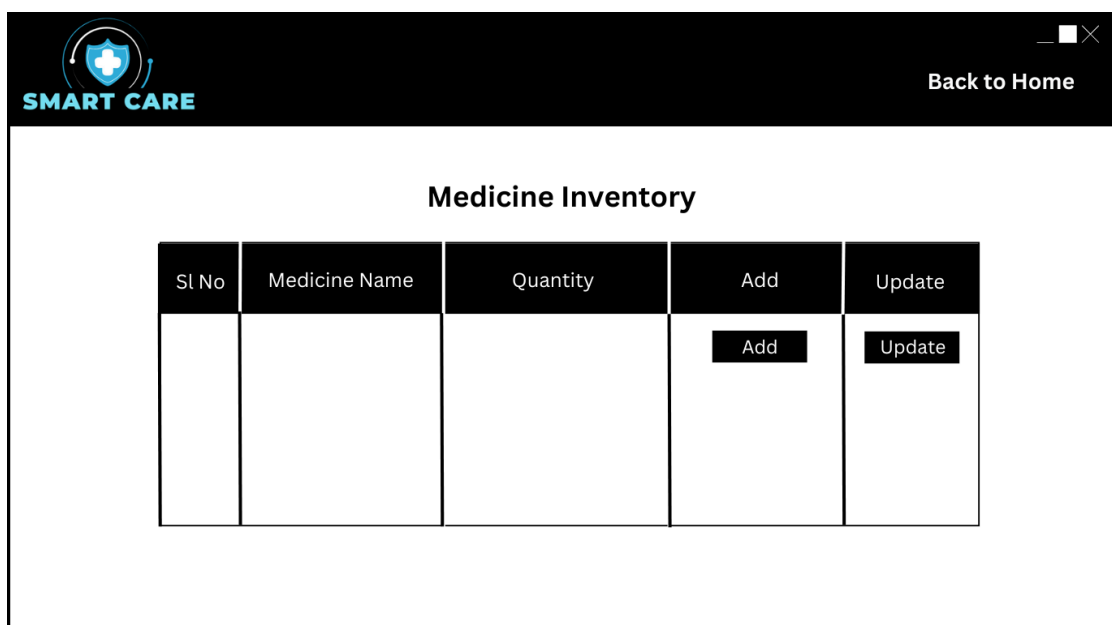
### Search Doctor

| Sl No | Doctor Name | On Duty/ Leave | Consulting Time |
|-------|-------------|----------------|-----------------|
|       |             |                |                 |


## Pharmacist Homepage



## Add and Update Medicine Inventory



Stock level management



Back to Home


Set Low Stock Alert

Set Stock Alert

Qty

Save


Issue Medicine for Prescription



Back to Home

Sort ▼

| Sl No | Patient Name | Doctor Name | View Prescription |
|-------|--------------|-------------|-------------------|
|       |              |             | <div>View</div>   |

Back to Home

Patient Info

Patient Name :

Age :


Phone :

Gender :

Prescription

Delivered



## Attendance Management

Back to Home

Mark Your Attendance



Name :

Attendance :



Punch in

## ASHA Worker Homepage

  
  
Asha Worker

- Add Patient Record
- Child Growth Metrics
- View Bedridden Patients
- Attendance
- Complaint / Feedback
- View Patient Record

Logout [→]

Back to Home

## Add Patient Record

  
SMART CARE

Back to Home

### Add patient Details

Name of Patient :

Age :

Phone :

Gender :

☐ Female ☐ Male

Currently taking any medicines :


☐ Yes ☐ No

Upload Health Records :

Upload

Save


## View Patient Record (ASHA Worker)

Back to Home

### Patient Health Record

| Sl No | Name | Age | Phone | Gender | Date of Last Visit | Using any Medicines | Health Report     |
|-------|------|-----|-------|--------|--------------------|---------------------|-------------------|
|       |      |     |       |        |                    |                     | <div>Report</div> |

## Add Child Growth Metrics

Back to Home

### Add Child Metrics

Name of Child  Name of Mother

Name of Father  Date of Birth

Phone  Weight  Height  cm

Immunization Status : ☐ Vaccine Received ☐ Vaccine pending


Nutritional Status : ☐ Breast Feeding ☐ Weaning Foods  
☐ Dietary habits

Enrolled in ICDS : ☐ Yes ☐ No

Benefits Received : ☐ Supplementary Nutrition ☐ Medical Aid

Save


## View Bedridden People Visit


Back to Home

### View Bedridden Visit

| Sl No | Patient Name | Address | Visit Time |
|-------|--------------|---------|------------|
|       |              |         |            |

## Doctor Homepage

Logout [->]Back to Home




Doctor

- Patient Details
- Staff Attendance
- Prescription
- Attendance
- Complaint / Feedback



## Access patient details using unique id

Back to Home

Patient Unique ID

Search

Patient Info

Patient Name :

Age :

Phone :

Gender :

Report


Report 1 

View Report

Report 2 

View Report

## Add prescription

Back to Home

Patient Unique ID

Search

Patient Info

Patient Name :

Age :


Phone :

Gender :

Prescription

Upload


## Monitor Attendance of All Other Staff


Back to Home

**View Attendance**

| Name | Post |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|------|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|      |      | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 |    |
|      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|      |      | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|      |      | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 |    |
|      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

## PHN Homepage


Logout [->]Back to Home



Public Health Nurse

- Maternal visit
- Bedridden Visit
- Manage Schedule Visit
- Vaccination Records
- Attendance
- View Asha worker Attendance
- Complaint / Feedback

## Schedule Maternal Healthcare Visit

Back to Home

### Maternal Health Visit


Name of Patient :

Age :

Next Check-up on :

Check-up Time :

## Schedule Bedridden People Visit (PHN)

Back to Home

### Schedule Bedridden Visit


Date

Patient Name :


Asha Worker / JHI Name :

Asha Worker / JHI Visit Time :


## View and Manage Bedridden Visit

Back to Home


### View and Manage Bedridden Visit

| Sl No | Patient Name | Asha Worker / JHI Name | Visit Time | Delete  |
|-------|--------------|------------------------|------------|---|
|       |              |                        |            |  |


## View Vaccination Record

Back to Home

### View Records

| Name of Child | Date of Vaccination | Last Immunization | Update            | Delete  |
|---------------|---------------------|-------------------|-------------------|---|
|               |                     |                   | <div>Update</div> |  |

## Update Vaccination Schedule

 SMART CARE

[Back to Home](#)

## Update Vaccination Schedule

### Patient Info

Patient Name

Age

Vaccination Date

Gender ☒ Male ☐ Female

### Description

Save

## Monitor ASHA Worker Attendance

[illegible]