

CareVen

CareVen

Email

Password

Login

Forgot your password?

— OR —

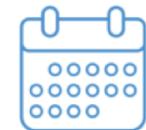
Create New Account

CareVen

John



Provide Care



Appointments



Health Records



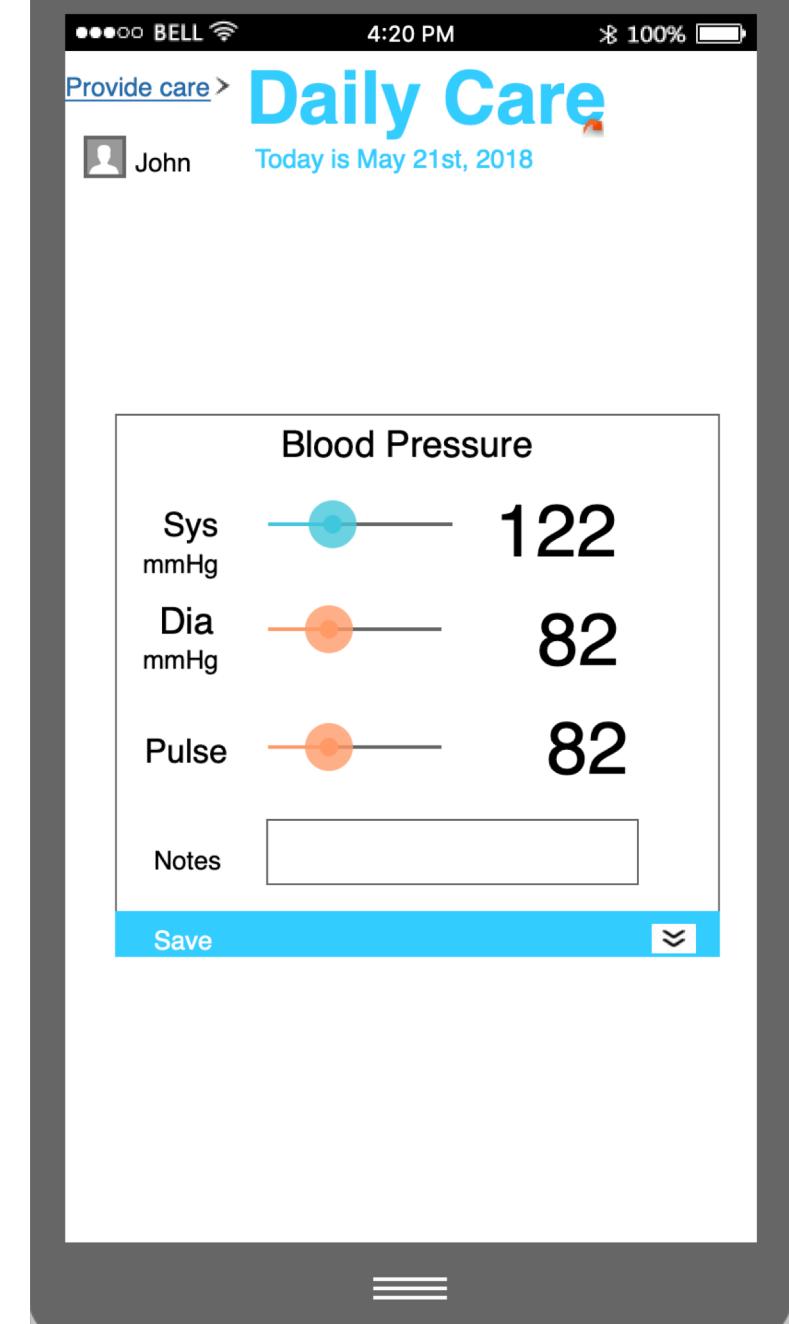
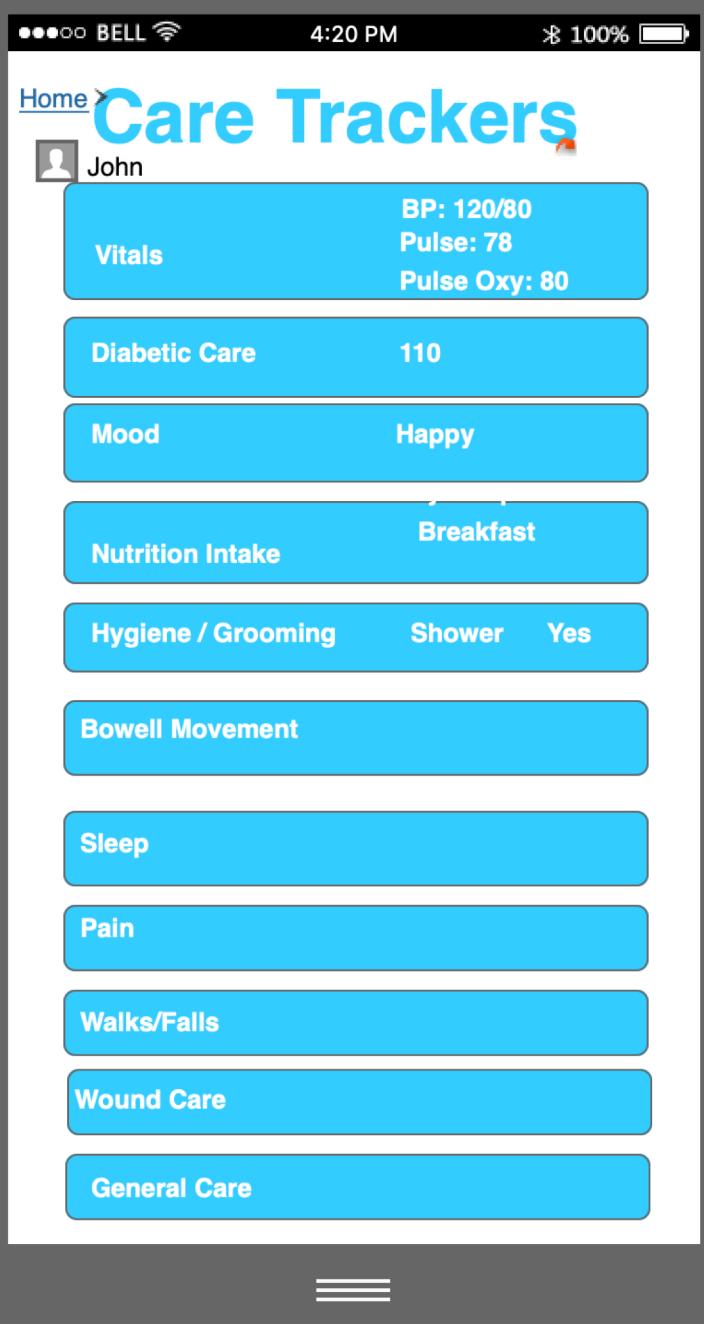
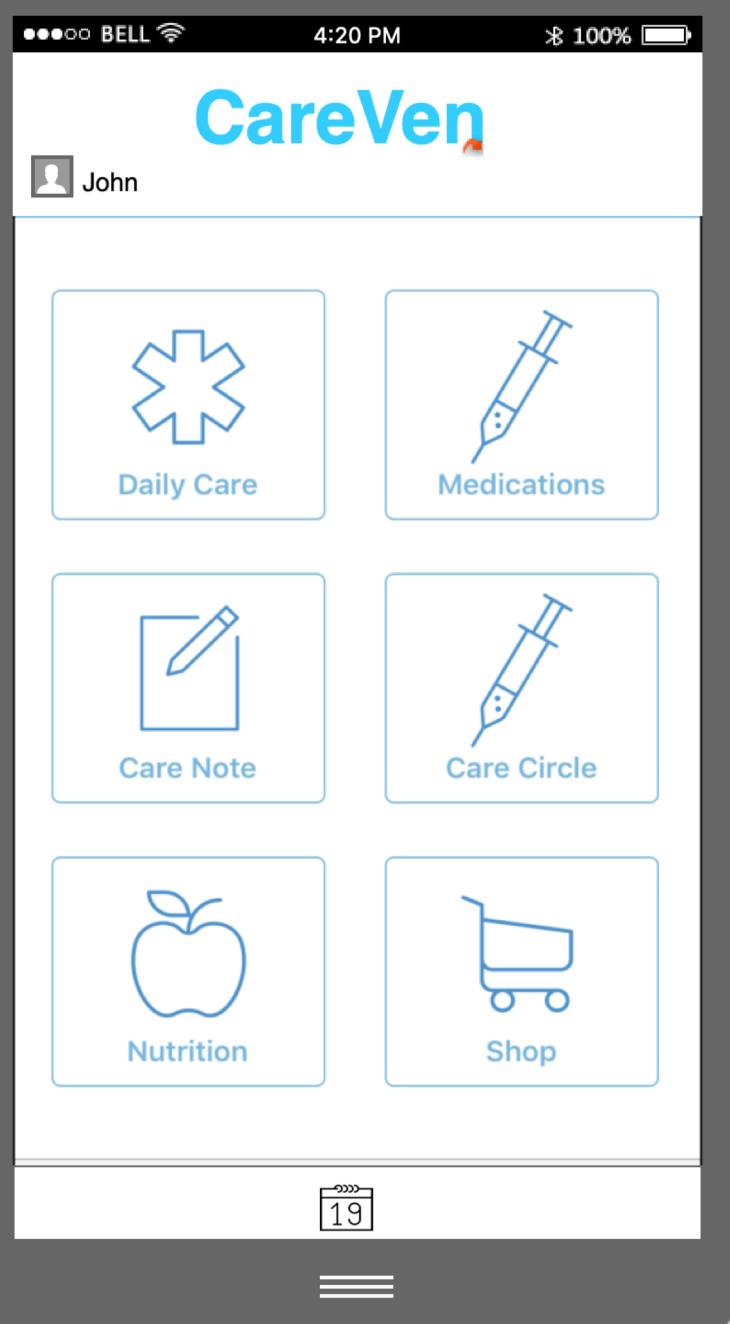
Insurance

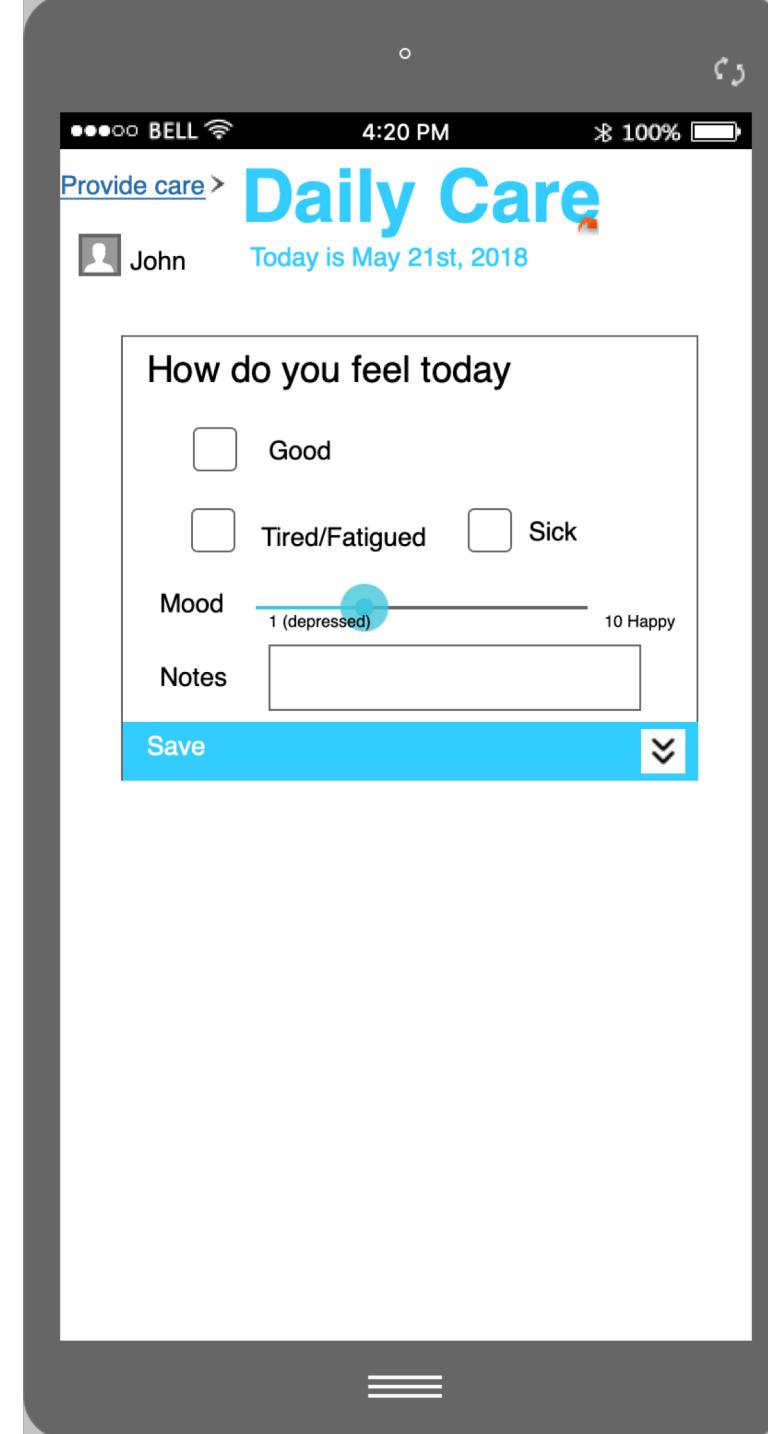
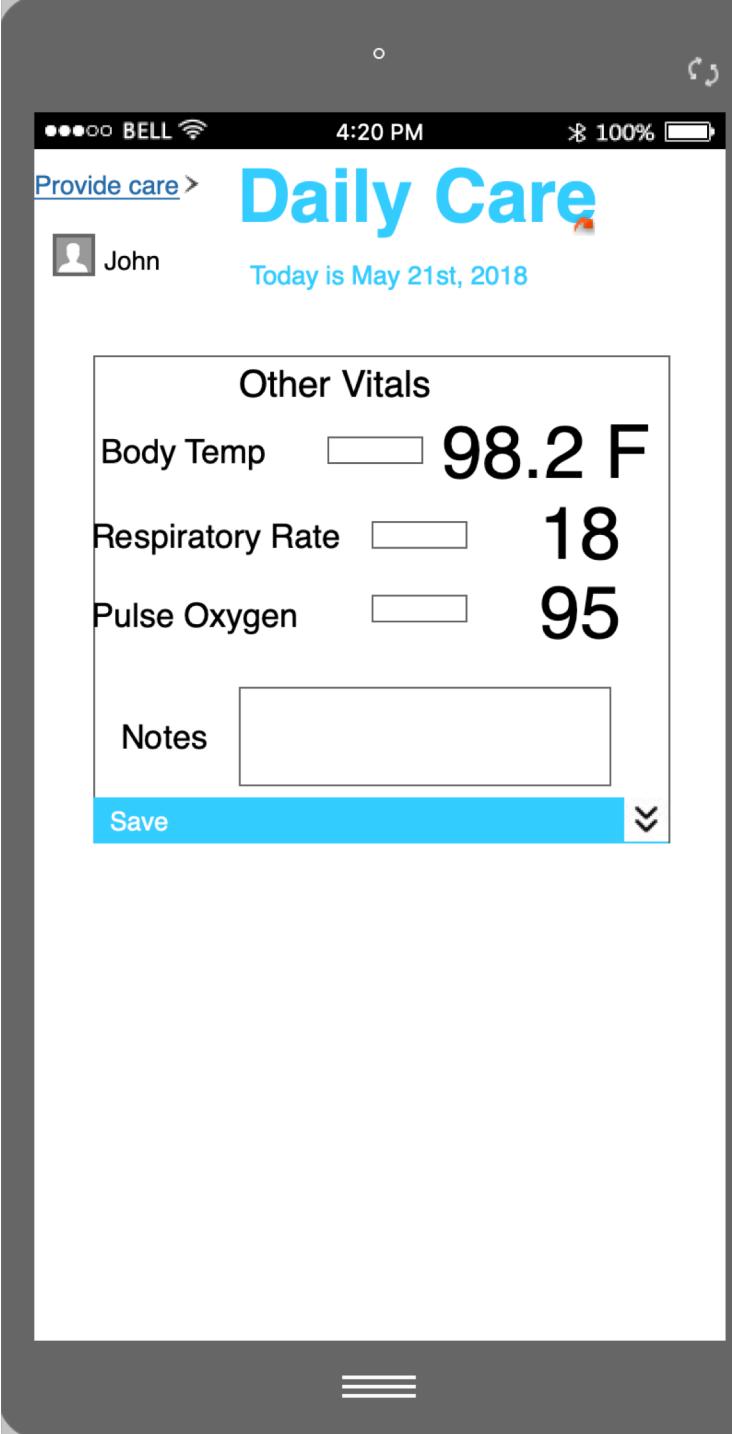
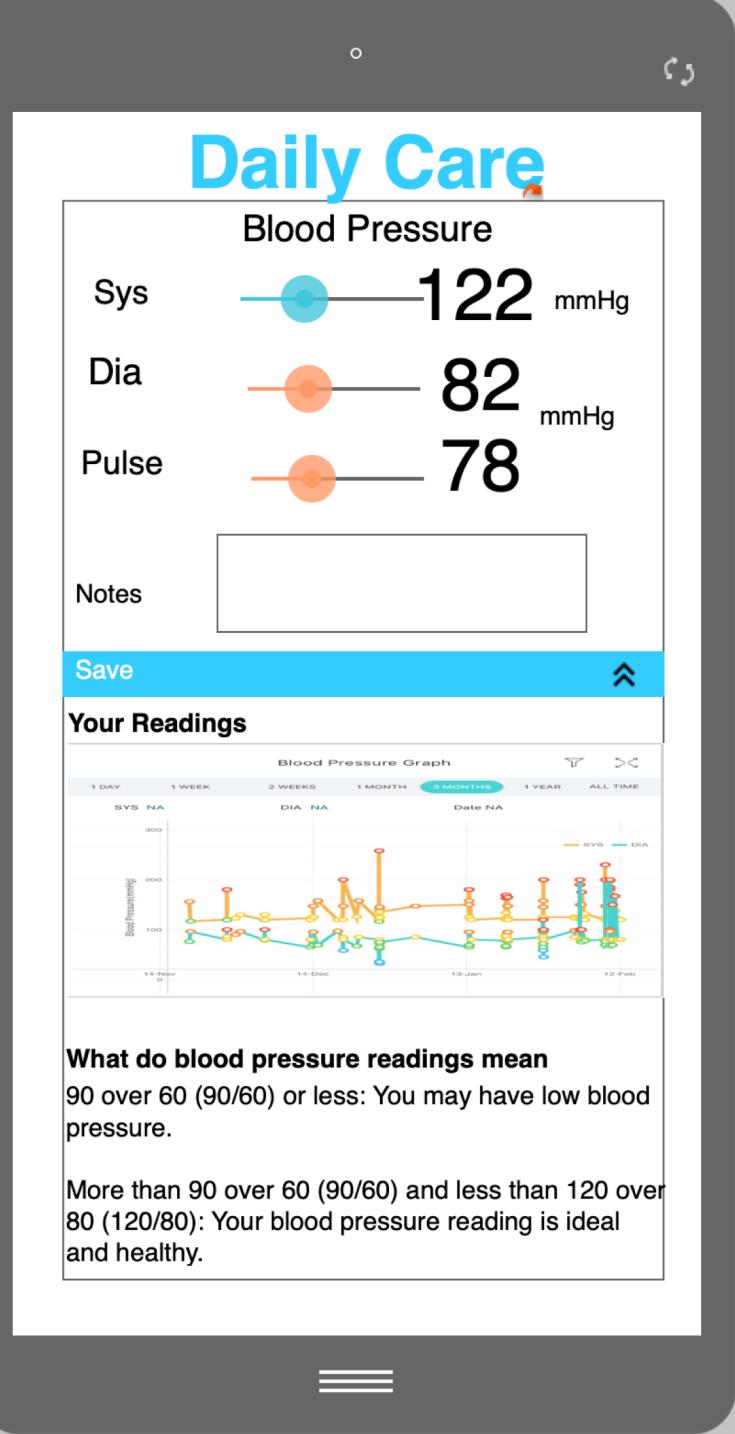


Consent



Legal





BELL 4:20 PM * 100%

Provide care > **Daily Care**
Today is May 21st, 2018

John

Nutrition Intake

Breakfast

What did you eat

Lunch

What did you eat

Dinner

What did you eat

Water intake: 4 glasses

Needed Assistance Yes

Save

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Provide care > **Daily Care**
Today is May 21st, 2018

John

Hygiene and Grooming

Did you take a shower Yes

Needed Assistance

Oral Care

Did you brush your teeth

Do you have any tooth ache

Nail Care

Discolored nails

Cracked skin

bleeding sore/wound

Hair Care

Makeup

Notes

Save

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Provide care > **Daily Care**
Today is May 21st, 2018

John

Sleep

Normal

Difficulty falling asleep

Frequent night time waking

Tired and groggy

Notes

Save

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Provide care > **Daily Care**

John Today is May 21st, 2018

Pain

Intensity 0 ————— 10 **0**

Pattern constant Intermittant

It affects Sleep
 Walking
 Appetite

Location

Notes

Save

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Provide care > **Daily Care**

John Today is May 21st, 2018

Diabetics

Blood Sugar **120**

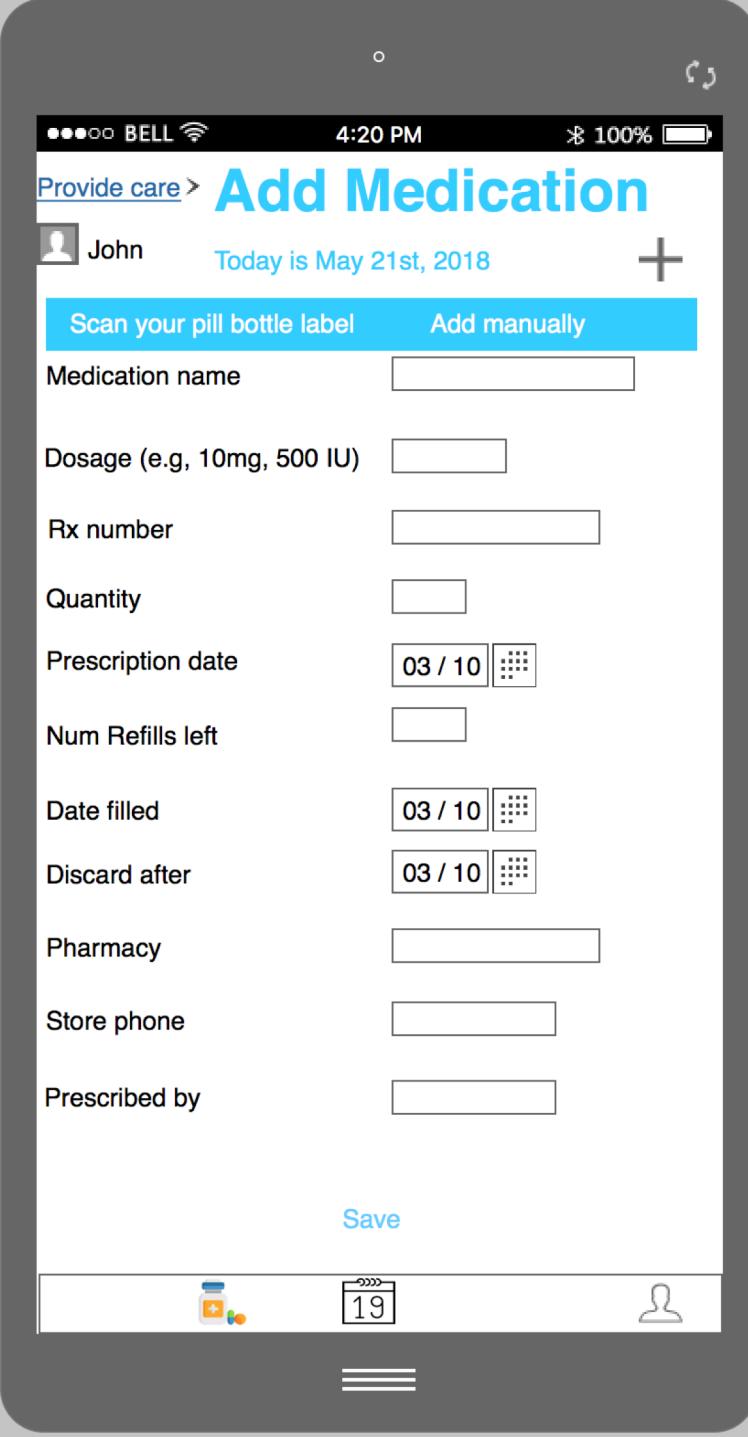
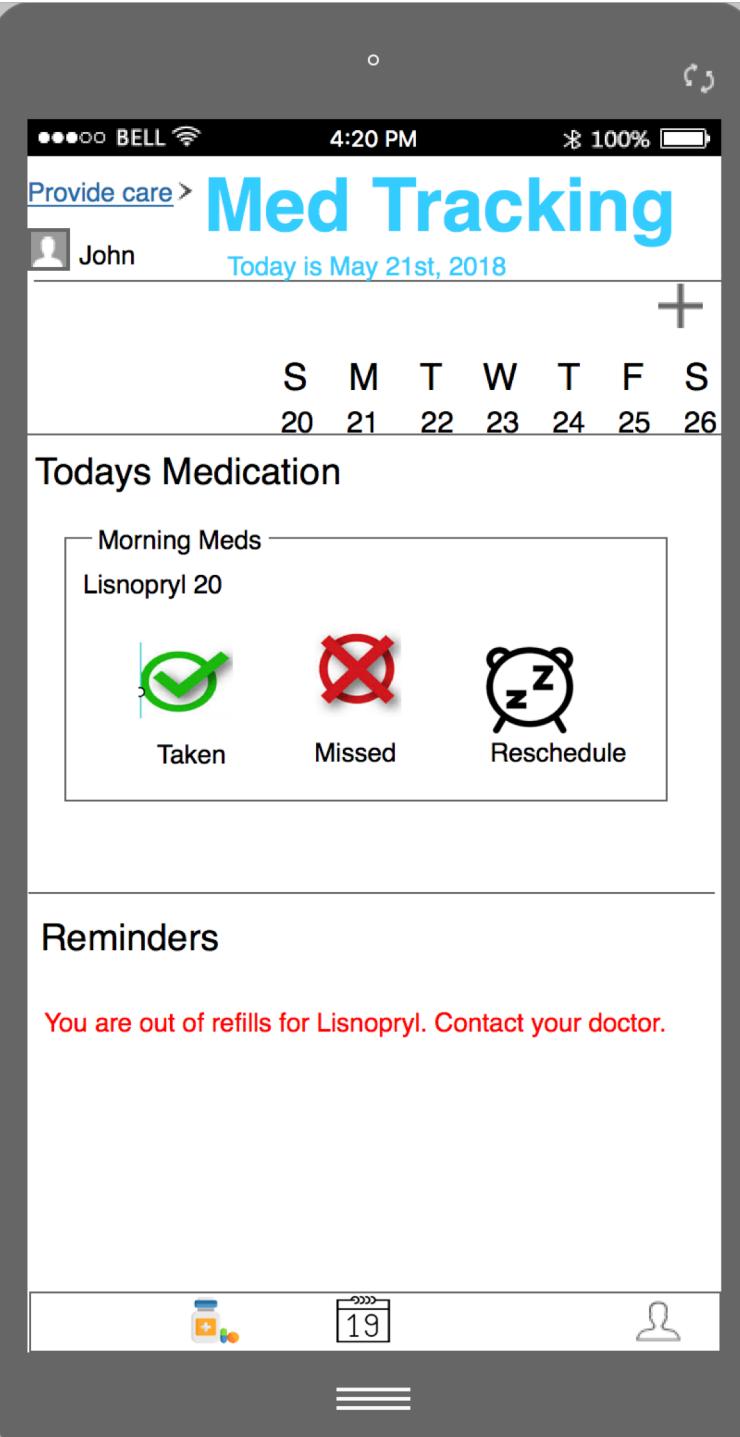
When taken
breakfast lunch dinner

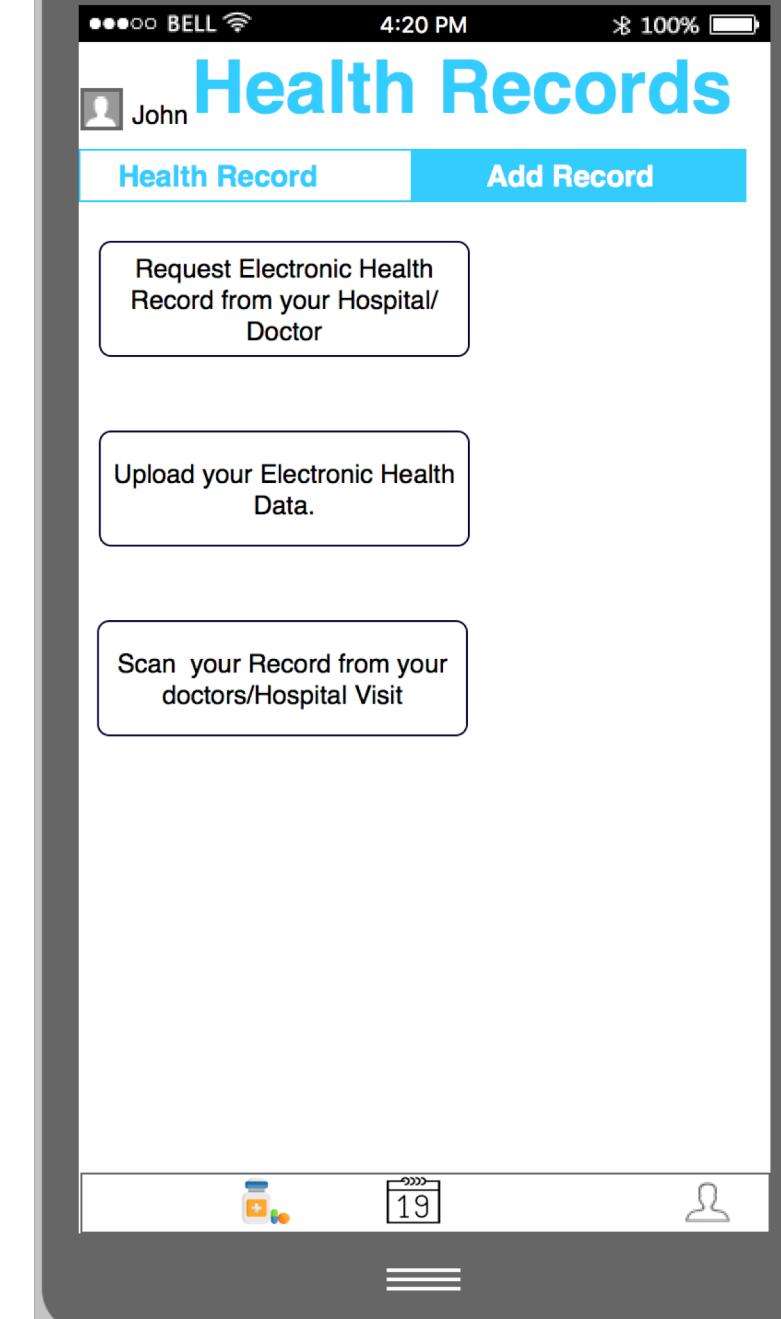
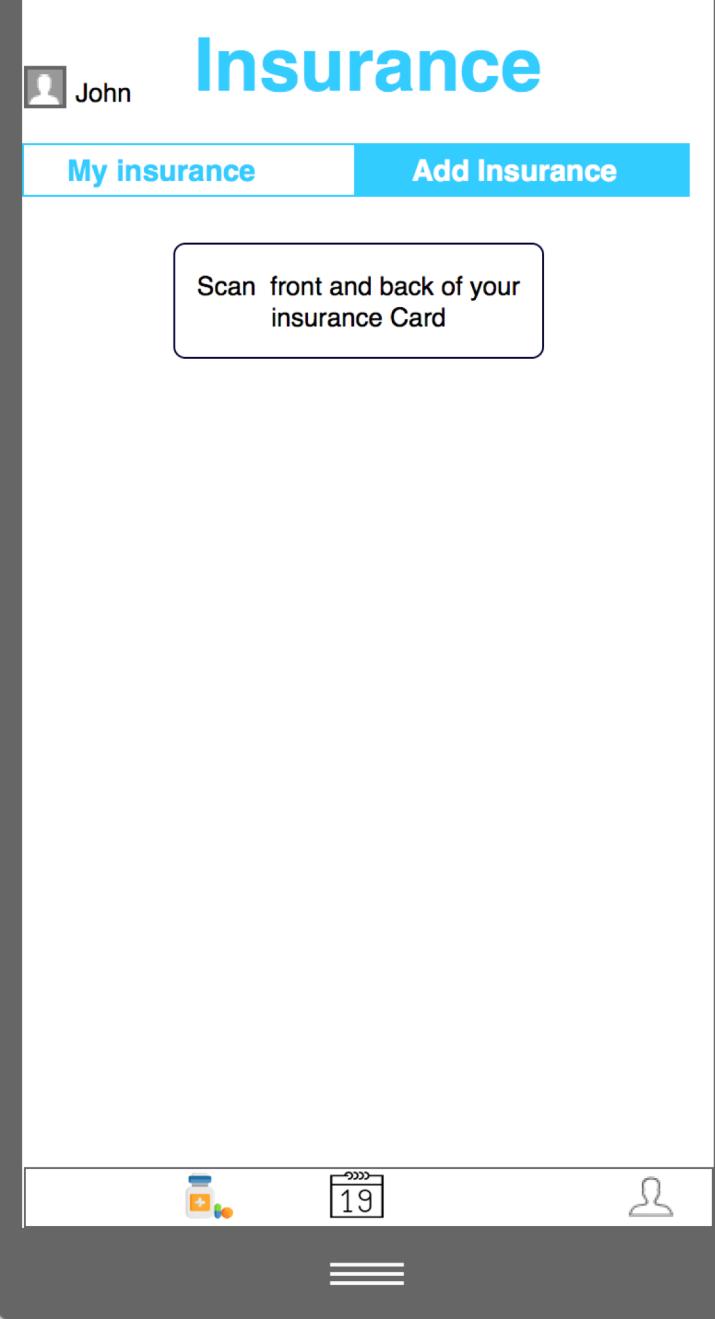
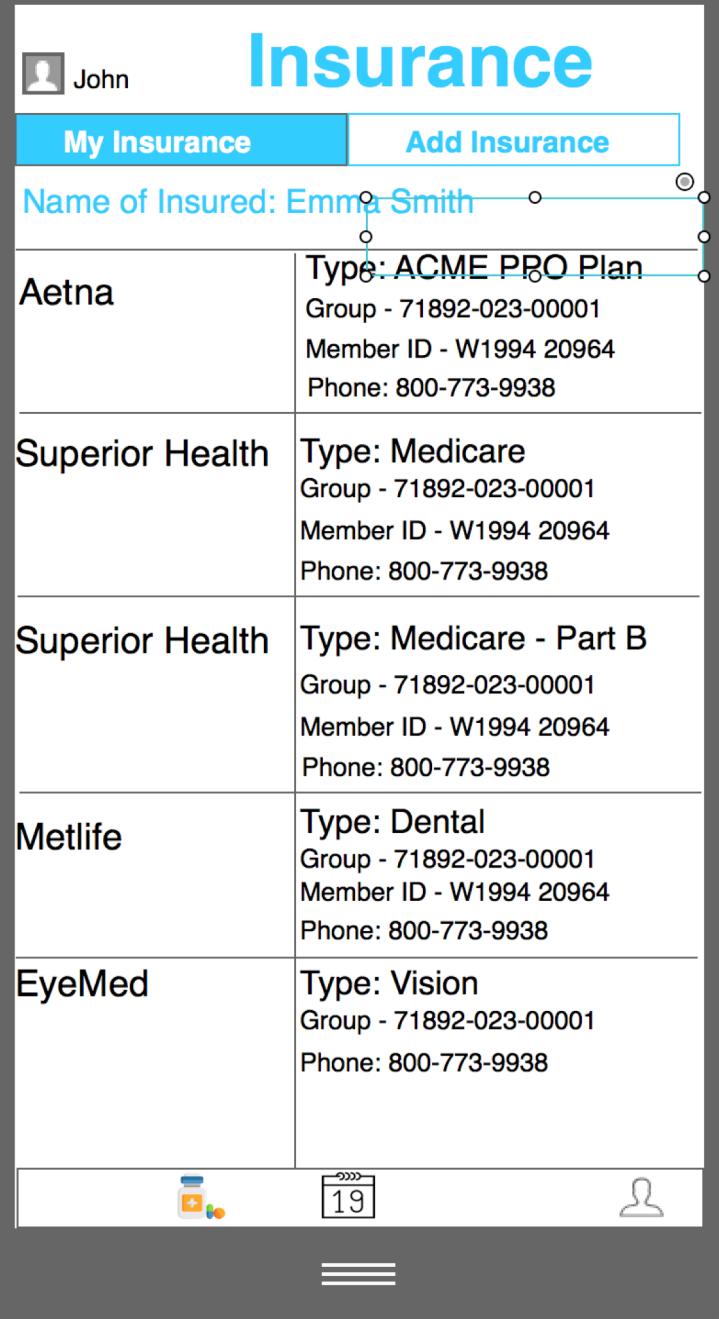
Before
After

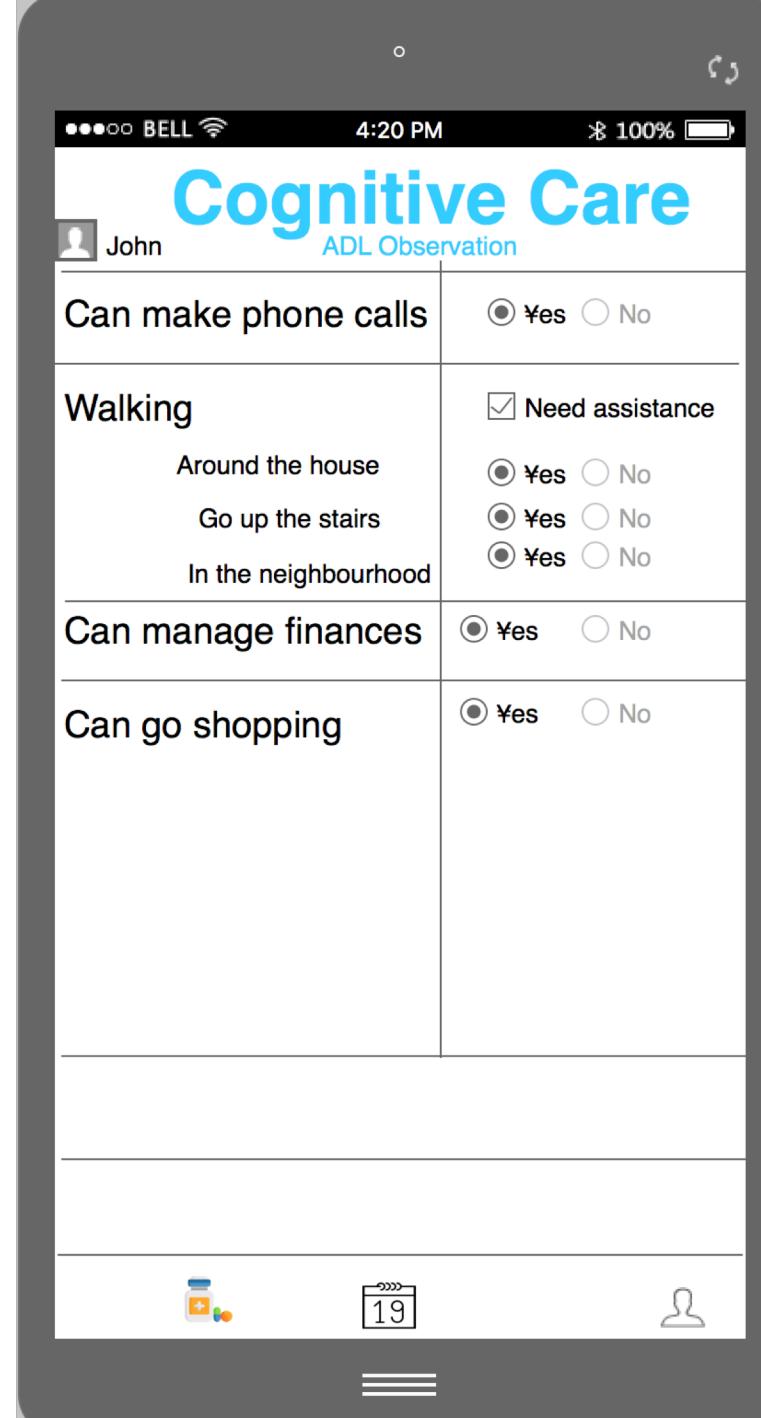
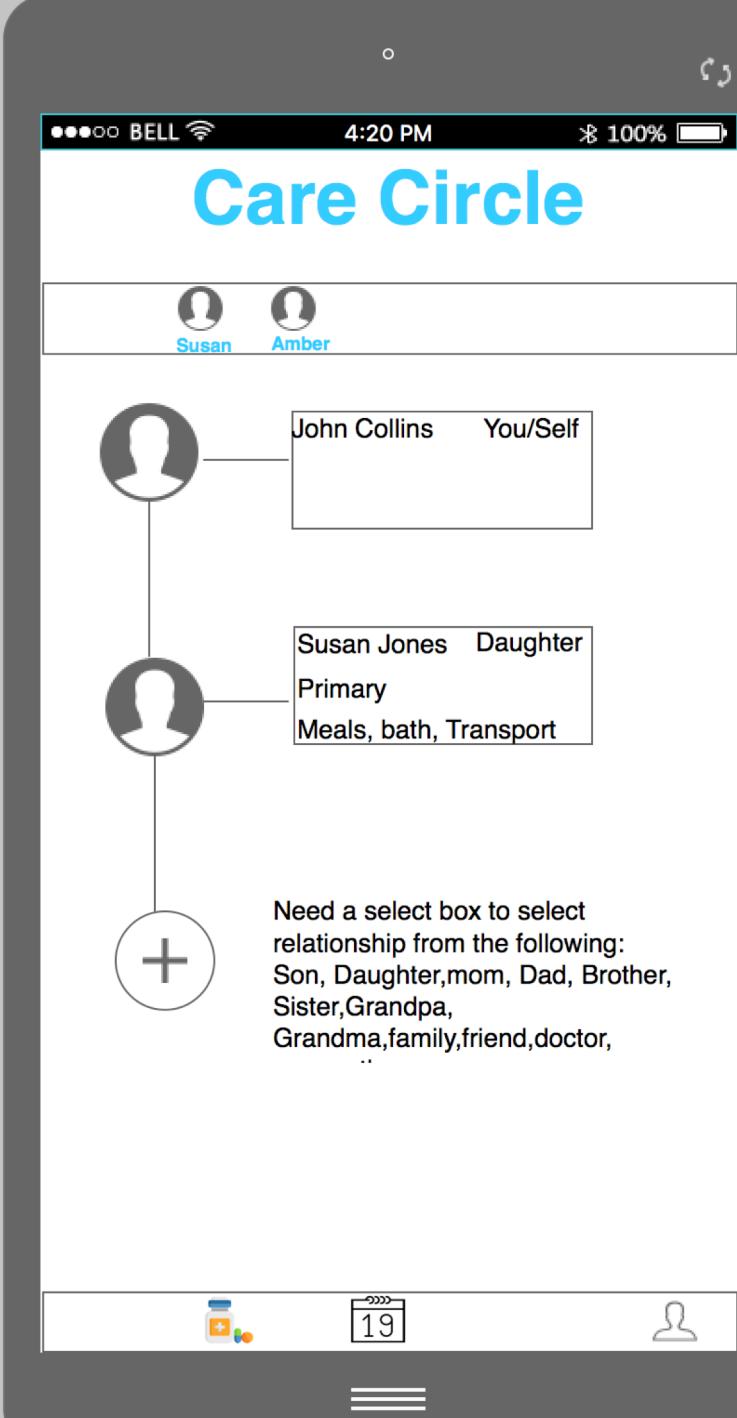
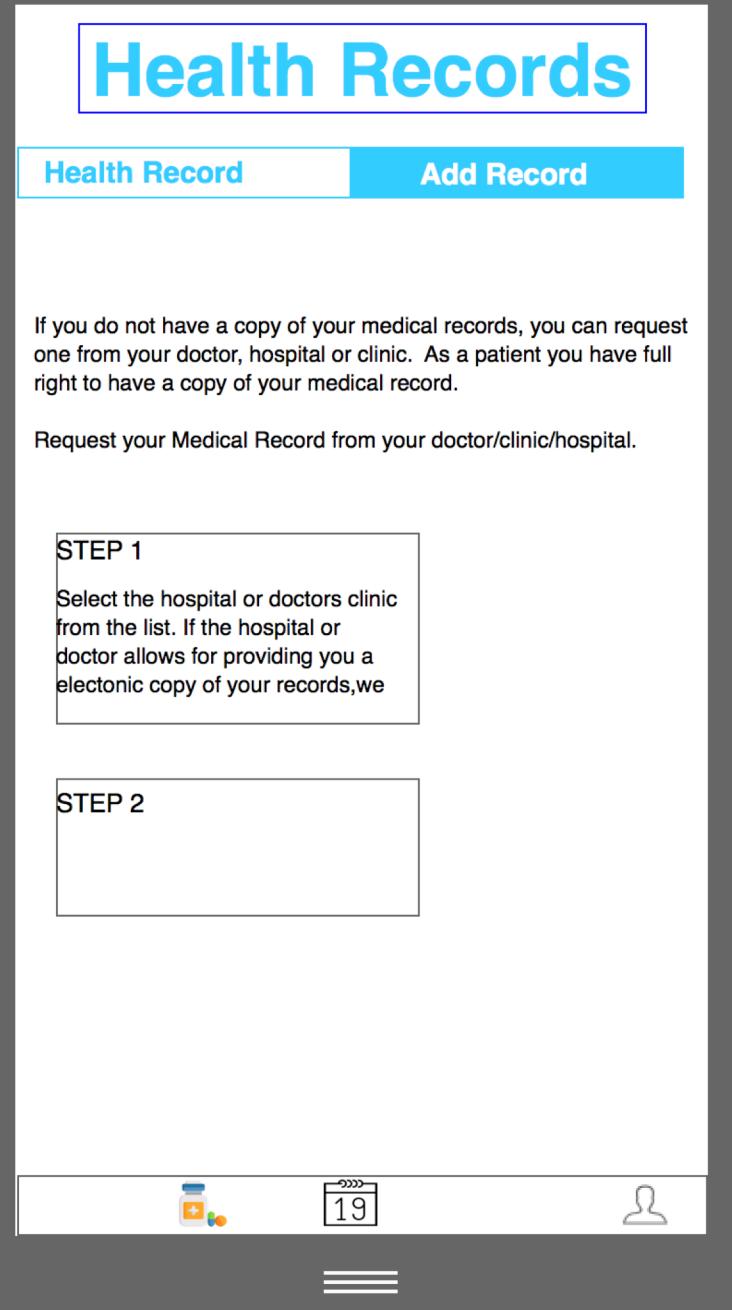
Before Bedtime

Save

- BELL 4:20 PM * 100%
- Provide care > **Care Notes**
- John Today is May 21st, 2018
- You** Aug 30th, 2018 08:30 AM
Mom is feeling fine today
- Susan** Aug 29th, 2018 9:30 PM
Mom was bit lethargic all day. Looks like
allergies are bothering her.
Had asked her take to Allegra before she
goes to bed
- You** Aug 28th, 2018 5:30 PM
Took mom to the doctor's for her checkup.
Everything fine
- Vitals** 







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My Profile

First Name	<input type="text"/>
Last Name	<input type="text"/>
Age	<input type="text"/>
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Info	
Home Phone	<input type="text"/>
Cell	<input type="text"/>
Email	<input type="text"/>
Health Profile	
Blood Type	<input checked="" type="radio"/> B+ <input checked="" type="radio"/> AB+ <input checked="" type="radio"/> O+ <input checked="" type="radio"/> B- <input checked="" type="radio"/> AB- <input checked="" type="radio"/> O-
Allergies	<input type="text"/>
Height	<input type="text"/>
Weight	<input type="text"/>

Save

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My Profile

Health Tracking Profile

Hypertension	<input checked="" type="checkbox"/>
Diabetics	<input checked="" type="checkbox"/>
Cancer	<input checked="" type="checkbox"/>
Heart Health	<input checked="" type="checkbox"/>
Alziehemer/Dementia	<input checked="" type="checkbox"/>

Hypertension

Track	How Often
BP	<input checked="" type="checkbox"/>
Pulse	<input checked="" type="checkbox"/>
Pulse O2	<input type="text"/> 3 times daily

Diabetic

Blood Glucose	<input type="text"/> 3 times daily
---------------	------------------------------------

Save

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Consent

John

All Health Information

Everyone in my care circle

John Smith

Susan

Daily Vitals

Everyone in my care circle

John Smith

Susan

Home Care Notes

Medical Records

Medication

