

Vchar3

Vchar3

Login

[Forgot your password?](#)

OR

Create New Account

Vchar3

Provide Care

MEDICATIONS

Health Records

Insurance

Consent

Legal

BELL

4:20 PM

100%

Daily Vitals

Today is May 21st, 2018

Daily Vitals

Home Care

Medication

Meal Plan

How am I feeling today?

Normal/Good

Feeling Tired

Exhausted

Weak


Blood Pressure

Sys mmHg

Dia mmHg

122

82

 Pulse beats/min

80

Body Temp

98.2 F

Respiratory Rate

12-20 breathes/min


18


Pulse Oxygen

95

Num times you fell today

0

 Measure

 Progress

BELL

4:20 PM

100%

Daily Vitals Progress


Daily Vitals


Home Care

Medication

Meal Plan

	Breakfast	Lunch	Dinner	Bed Time
08/15/2018				
BP	120/80	120/80	120/80	120/80
Pulse	78	78	78	78
Pulse Oxy	85	85	85	85
Resp Rate	88	88	88	88
Body Temp	98.3	98.3	98.3	98.3
08/14/2018				
08/13/2018				

 Measure

 Progress

BELL

4:20 PM

100%

Home Care

Today is May 21st, 2018

Daily Vitals

Home Care

Medication

Meal Plan

What did you eat today?

☒ Breakfast

☒ Lunch

☒ Dinner

Coffee, Orange Juice, Toast for breakfast

☐ Need Assistance to prepare meals?

Did you take a bath?

☒ Yes

☐ No

☒ Need Assistance

Bowel Movement

☒ Need assistance for toilet

☒ Normal

☐ Abdominal pain

☐ Constipated

☐ Abdominal Cramp

Did you go for a walk?

☒ Yes

☐ No

☒ in the house

☒ In the park/trail

☒ around the block

Sleep

☐ Difficulty falling asleep

☒ Normal

☐ Freq night time waking

☐ Tired/groggy

Pain

Intensity

0



10

Location

Pattern

☒ constant

☒ intermittent

It affects

☒ sleep

☒ walking

☒ appetite



 19



BELL

4:20 PM

100%

Medication

Today is May 21st, 2018

Daily Vitals

Home Care

Medication

Meal Plan

S

M

T

W

T

F

S

20

21

22

23

24

25

26

Morning Meds

Baby Aspirin

☒

☐

☐

Lisnopryl

☒

☐

☐

Ibuprofen

☒

☐

☐

Afternoon Meds

Stool Softener

☒

☒

☒

☒

☒

☒

☒

Evening Meds

Stool Softener

☒

Reminders

You are out of refills for Lisnopryl. Contact your doctor.

19

BELL

4:20 PM

100%

Medication

Today is May 21st, 2018

Daily Vitals

Home Care

Medication

Meal Plan

Scan front and back of your insurance Card

19

Insurance

My Insurance

Add Insurance

Name of Insured: Emma Smith

Aetna

Type: ACME PPO Plan
Group - 71892-023-00001
Member ID - W1994 20964
Phone: 800-773-9938

Superior Health

Type: Medicare
Group - 71892-023-00001
Member ID - W1994 20964
Phone: 800-773-9938

Superior Health

Type: Medicare - Part B
Group - 71892-023-00001
Member ID - W1994 20964
Phone: 800-773-9938

Metlife

Type: Dental
Group - 71892-023-00001
Member ID - W1994 20964
Phone: 800-773-9938

EyeMed

Type: Vision
Group - 71892-023-00001
Phone: 800-773-9938

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Insurance

My insurance

Add Insurance

Scan front and back of your insurance Card



Care Circle

Susan



Amber



John Collins

You/Self



Susan Jones

Daughter

Primary

Meals, bath, Transport



Cognitive Care

ADL Observation

Can make phone calls

☒ Yes ☐ No

Walking

Around the house

☒ Need assistance

☒ Yes ☐ No

Go up the stairs

☒ Yes ☐ No

In the neighbourhood

☒ Yes ☐ No

Can manage finances

☒ Yes ☐ No

Can go shopping

☒ Yes ☐ No



BELL

4:20 PM

100%

My Profile

First Name

Last Name

Age

Gender

Male

Female

Contact Info

Home Phone

Cell

Email

Health Profile

Blood Type

B +

AB+

O+

B-

AB-

O-

Allergies

Height

Weight

Save

19

BELL

4:20 PM

100%

My Profile

Health Tracking Profile

Hypertension

Diabetics

Heart Health

Cancer

Alzheimer/Dementia

Hypertension

Track

How Often

BP

Pulse

Pulse O2

Diabetic

Blood Glucose

3 times daily

Save

19

BELL

4:20 PM

100%

Cognitive Care

ADL Observation

Can make phone calls

Yes

No

Walking

Need assistance

Around the house

Yes

No

Go up the stairs

Yes

No

In the neighbourhood

Yes

No

Can manage finances

Yes

No

Can go shopping

Yes

No

19

Health Records

Health Record

Add Record

Request Electronic Health
Record from your Hospital/
Doctor

Upload your Electronic Health
Data.

Scan your Record from your
doctors/Hospital Visit



Health Records

Health Record

Health Record

If you do not have a copy of your medical records, you can request one from your doctor, hospital or clinic. As a patient you have full right to have a copy of your medical record.

Request your Medical Record from your doctor/clinic/hospital.

STEP 1

Select the hospital or doctors clinic from the list. If the hospital or doctor allows for providing you a electronic copy of your records,we

STEP 2



Health Records

Health Record

Add Record



Consent

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

Calendar

Legal