

Vchar3

Vchar3

Email

Password

Login

Forgot your password?

————— OR ————

Create New Account

Vchar3

Provide Care



MEDICATIONS

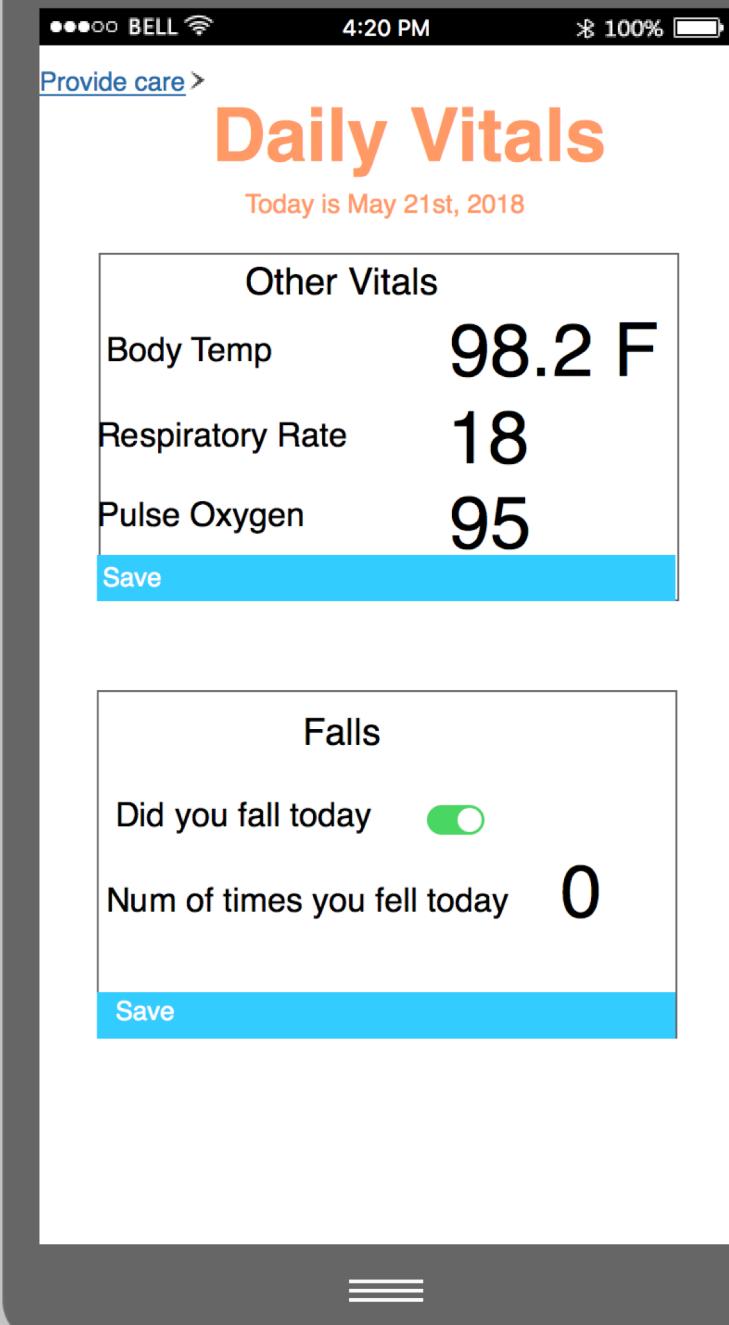
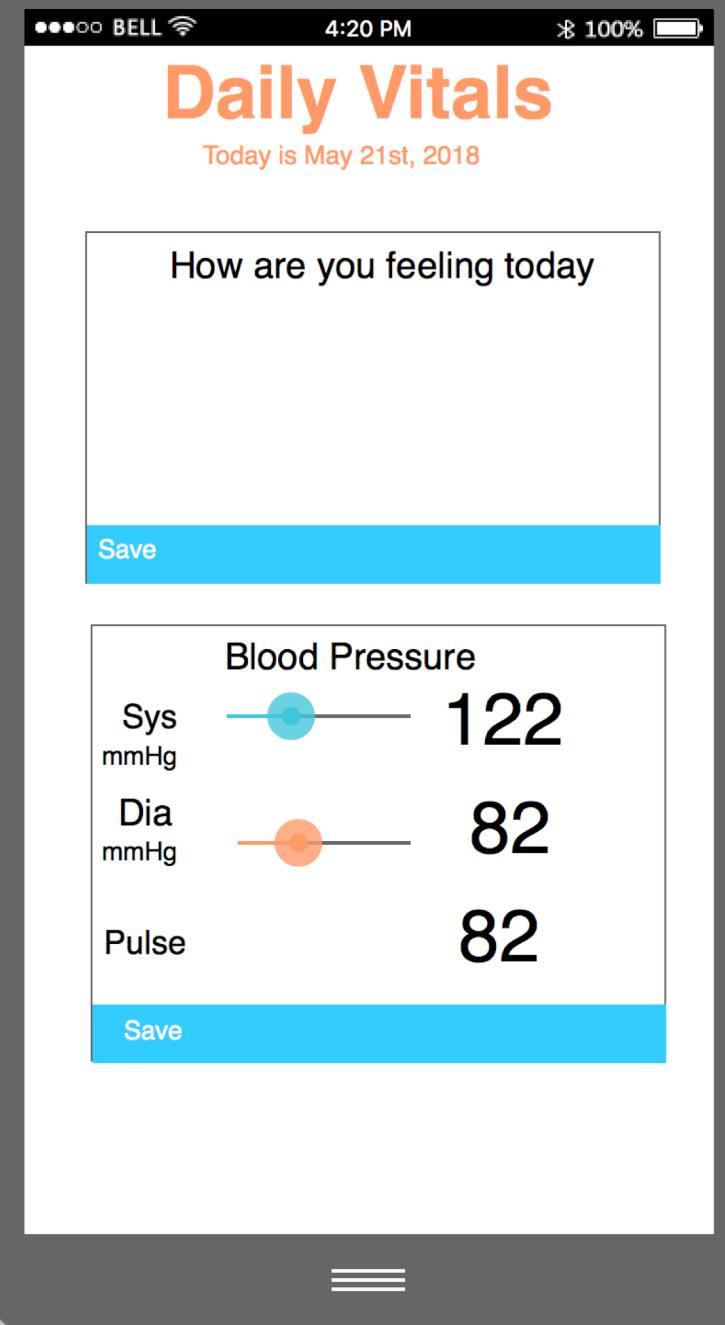
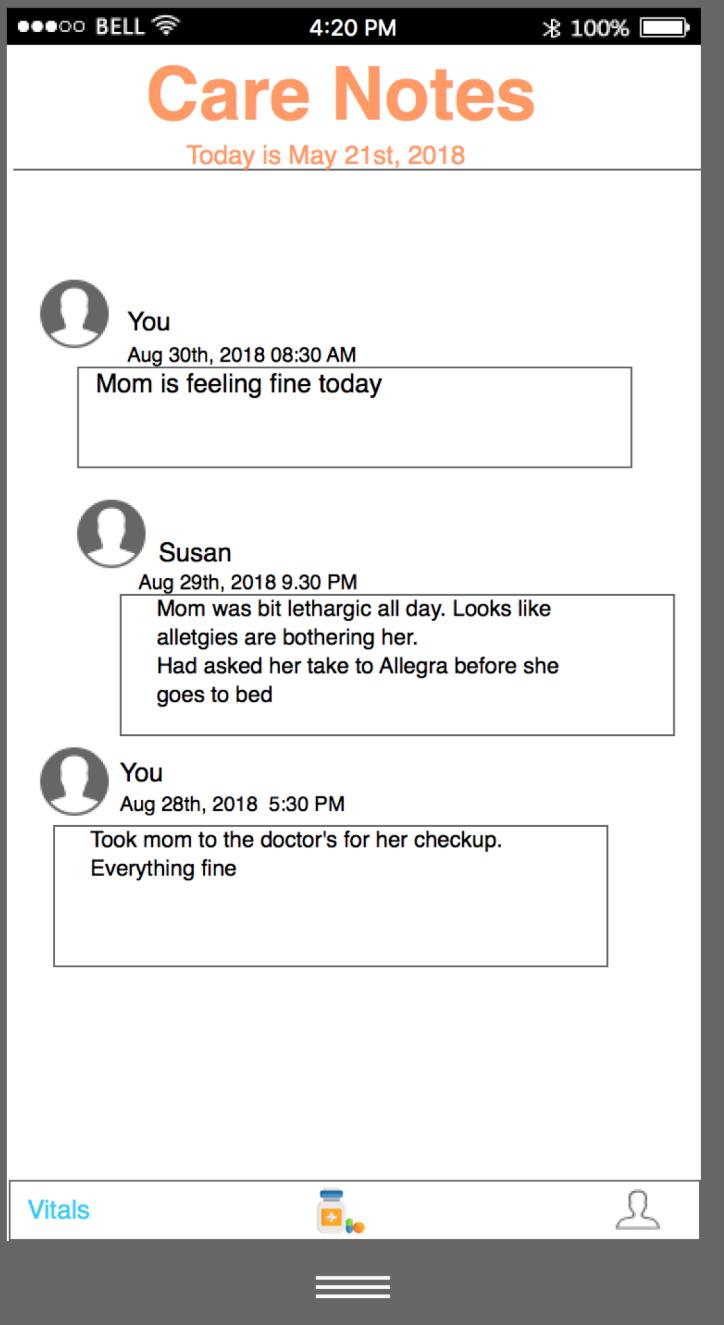


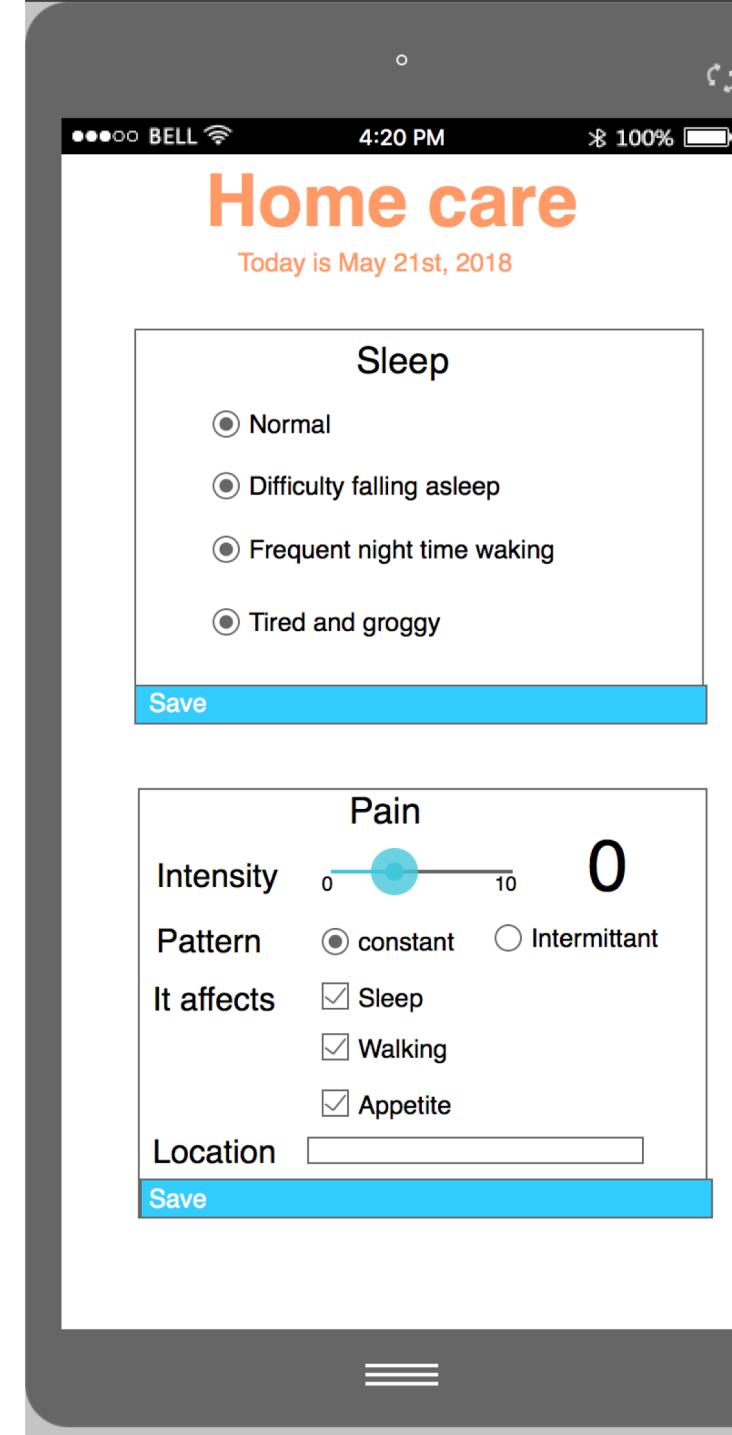
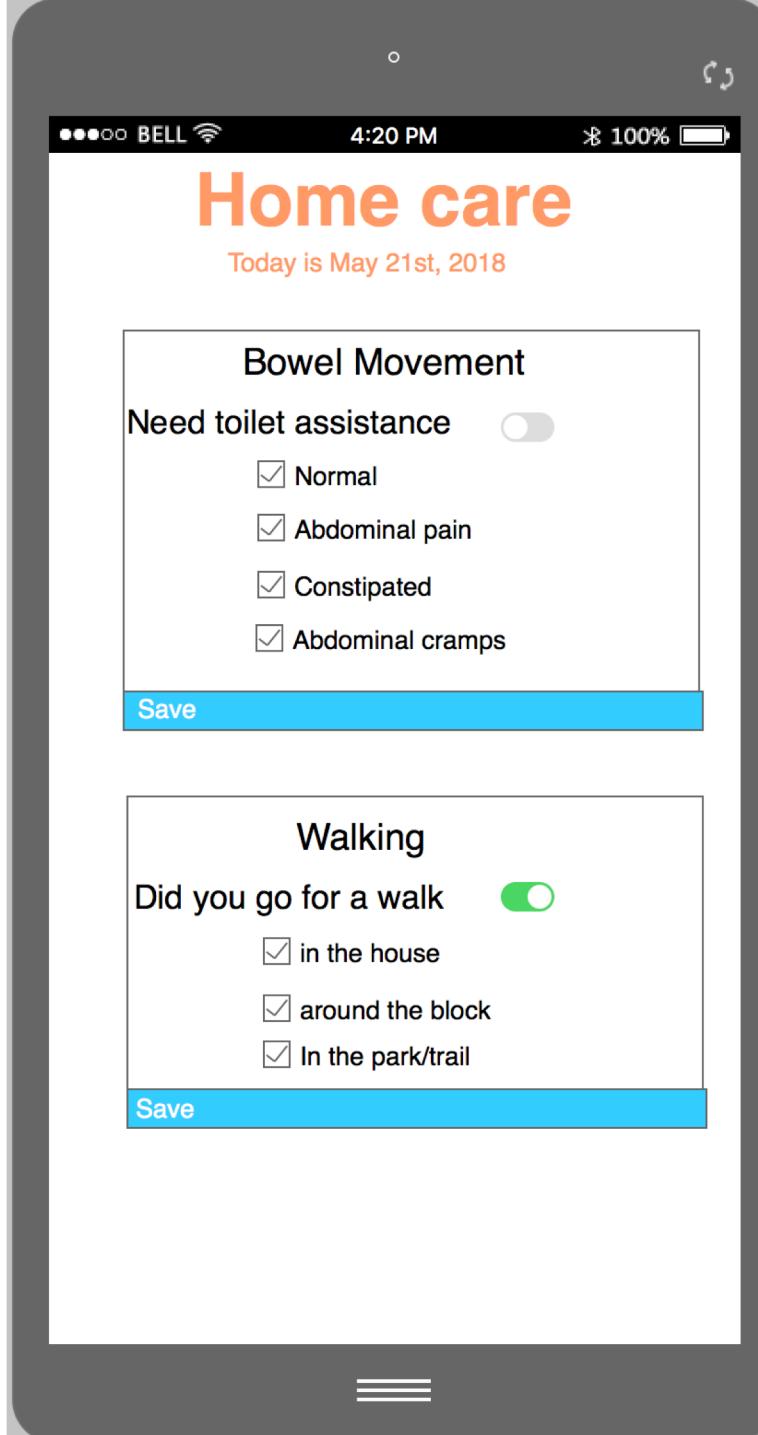
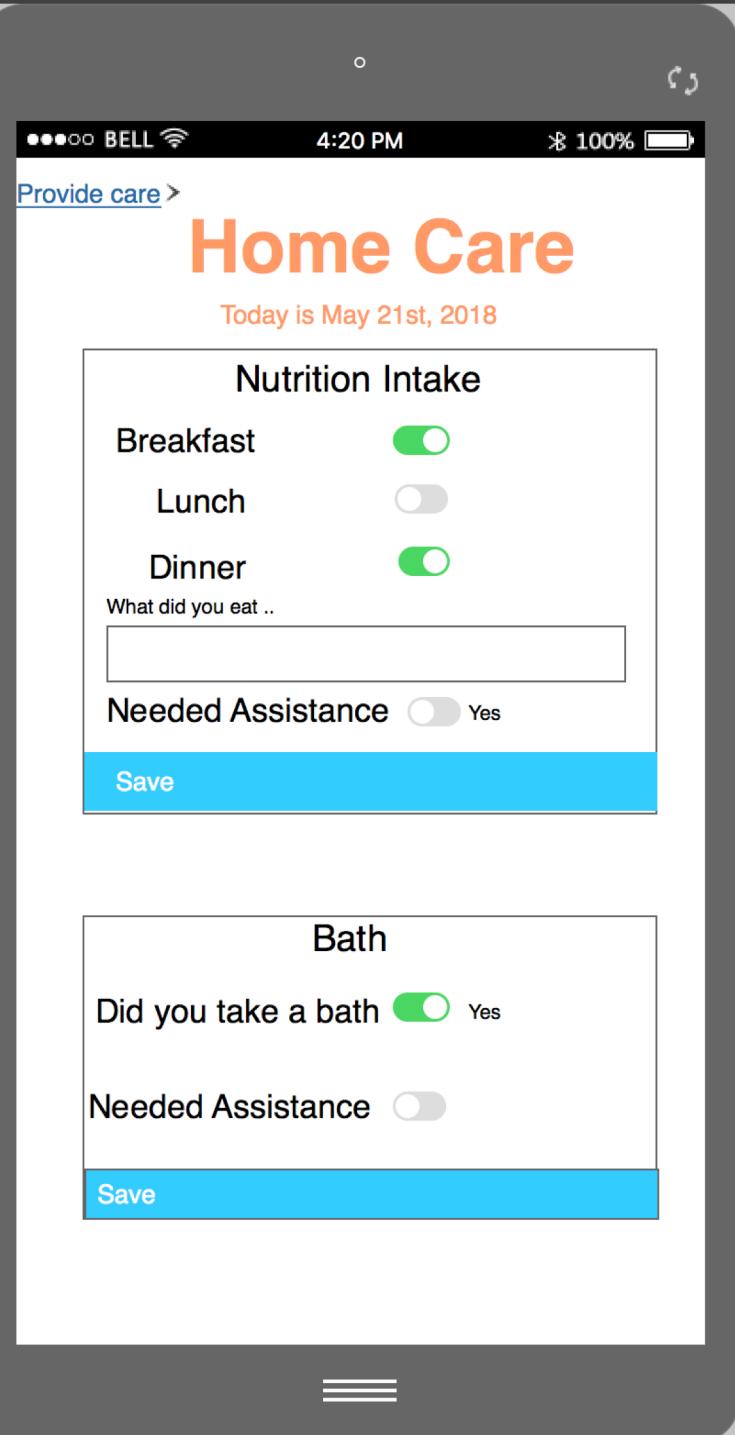
Health Records

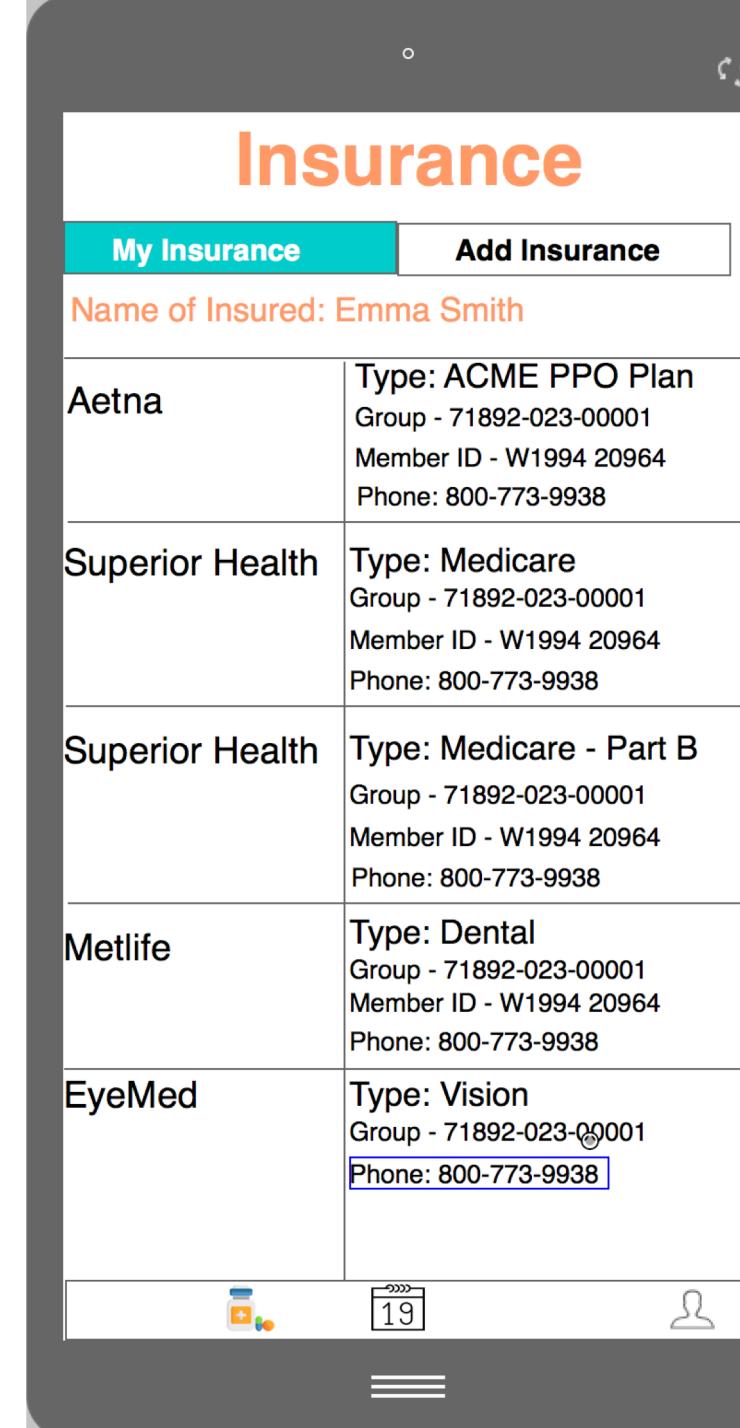
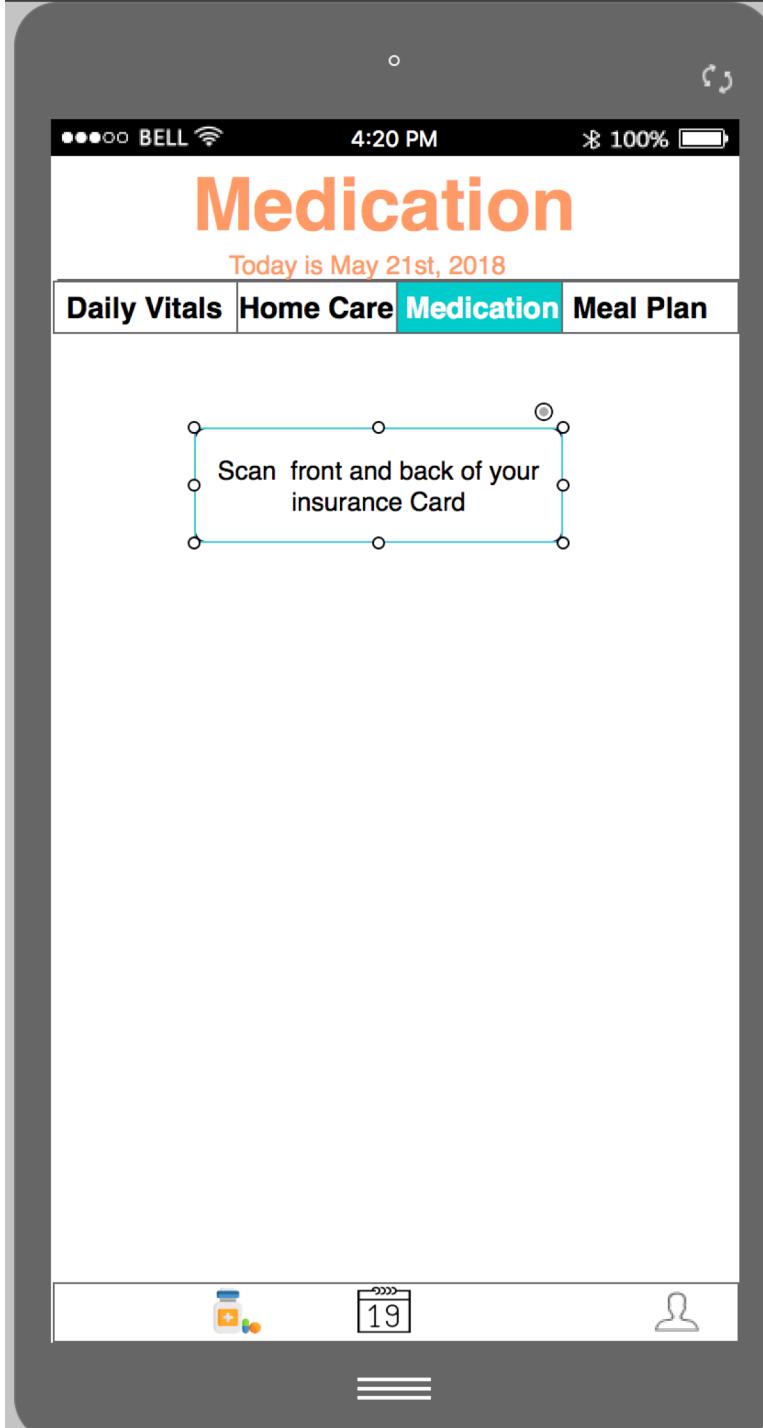
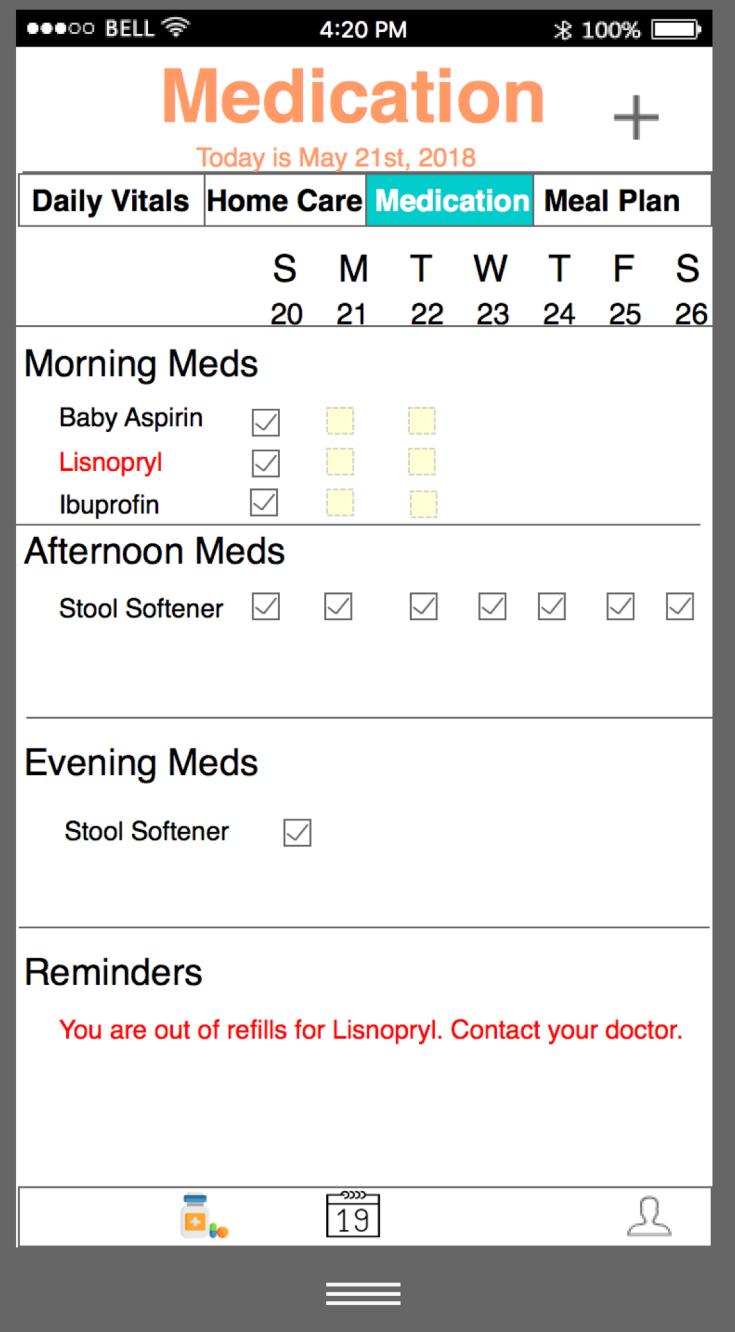
Insurance

Consent

Legal







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

Need assistance

Yes No

Yes No

Yes No

Around the house

Go up the stairs

In the neighbourhood

Can manage finances

Yes No

Can go shopping

Yes No



BELL 4:20 PM * 100%

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 type="radio"/> AB+ <input type="radio"/> O+ <input checked="" type="radio"/> B- <input type="radio"/> AB- <input type="radio"/> O-	
Allergies	<input type="text"/>	
Height	<input type="text"/>	
Weight	<input type="text"/>	
Save		
≡		

BELL 4:20 PM * 100%

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"/>												
<table border="1"><tr><td>Hypertension</td><td>Track</td><td>How Often</td></tr><tr><td>BP</td><td><input checked="" type="checkbox"/></td><td>3 times daily</td></tr><tr><td>Pulse</td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td>Pulse O2</td><td></td><td></td></tr></table>				Hypertension	Track	How Often	BP	<input checked="" type="checkbox"/>	3 times daily	Pulse	<input checked="" type="checkbox"/>		Pulse O2		
Hypertension	Track	How Often													
BP	<input checked="" type="checkbox"/>	3 times daily													
Pulse	<input checked="" type="checkbox"/>														
Pulse O2															
<table border="1"><tr><td>Diabetic</td><td></td></tr><tr><td>Blood Glucose</td><td>3 times daily</td></tr></table>				Diabetic		Blood Glucose	3 times daily								
Diabetic															
Blood Glucose	3 times daily														

Save

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BELL 4:20 PM * 100%

Cognitive Care

ADL Observation

Can make phone calls	<input checked="" type="radio"/> Yes <input type="radio"/> No
Walking	<input checked="" type="checkbox"/> Need assistance
Around the house	<input checked="" type="radio"/> Yes <input type="radio"/> No
Go up the stairs	<input checked="" type="radio"/> Yes <input type="radio"/> No
In the neighbourhood	<input checked="" type="radio"/> Yes <input type="radio"/> No
Can manage finances	<input checked="" type="radio"/> Yes <input type="radio"/> No
Can go shopping	<input checked="" type="radio"/> Yes <input type="radio"/> No

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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