

# CareVen

# CareVen

Email

Password

Login

Forgot your password?

— OR —

Create New Account

John

# CareVen

Provide Care

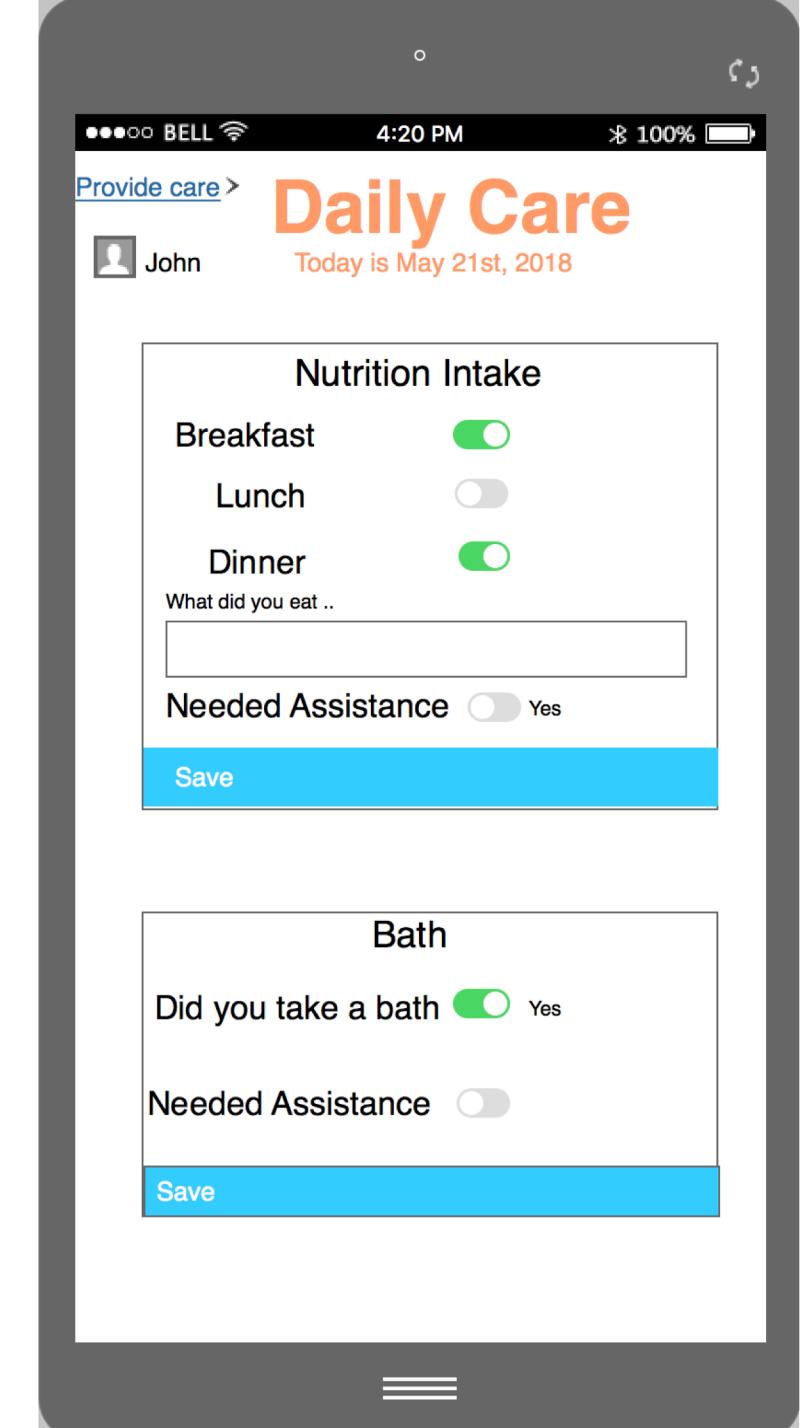
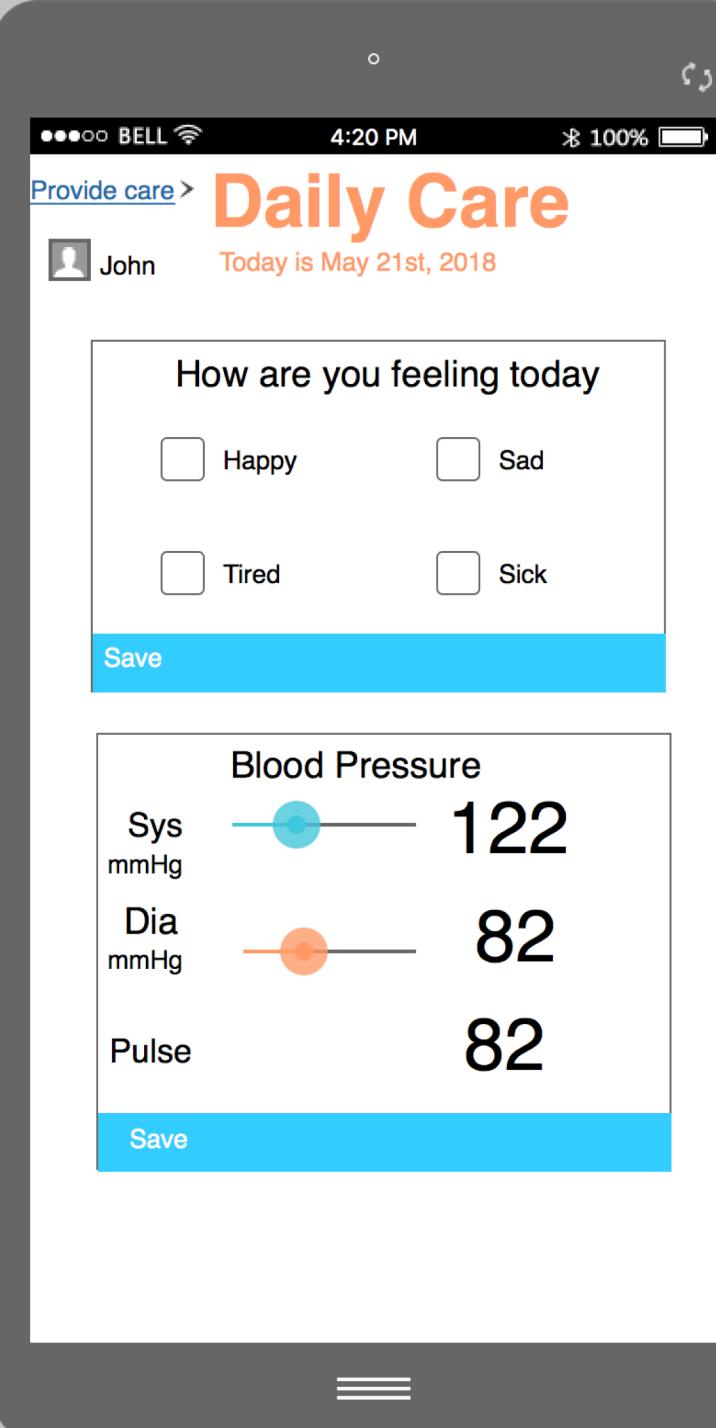
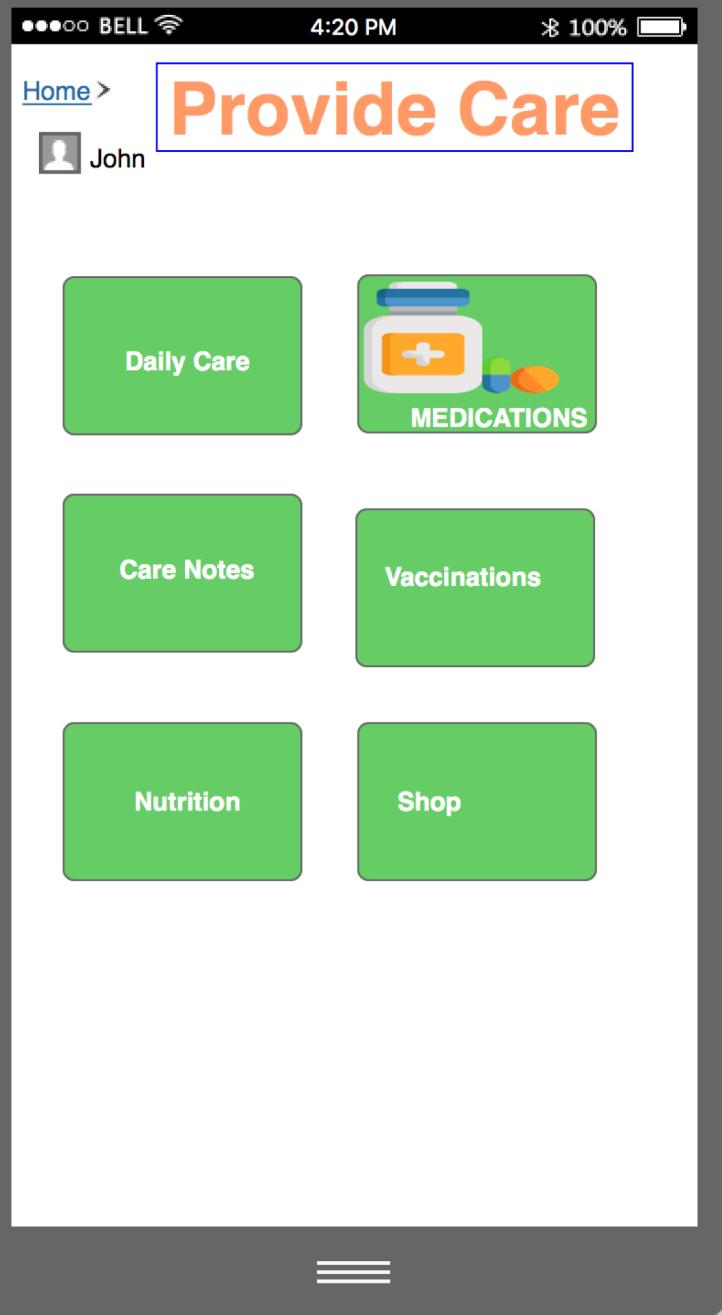
Appointments

Health Records

Insurance

Consent

Legal



Provide care > **Daily Care**

John Today is May 21st, 2018

**Other Vitals**

Body Temp  **98.2 F**

Respiratory Rate  **18**

Pulse Oxygen  **95**

**Save**

**Falls**

Did you fall today

Num of times you fell today  **0**

**Save**

Provide care > **Daily Care**

John Today is May 21st, 2018

**Bowel Movement**

Need toilet assistance

Normal

Abdominal pain

Constipated

Abdominal cramps

**Save**

**Walking**

Did you go for a walk

in the house

around the block

In the park/trail

**Save**

Provide care > **Daily Care**

John Today is May 21st, 2018

**Sleep**

Normal

Difficulty falling asleep

Frequent night time waking

Tired and groggy

**Save**

**Pain**

Intensity  10 **0**

Pattern  constant  Intermittant

It affects  Sleep

Walking

Appetite

Location

**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

19

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Provide care > **Med Tracking**

John Today is May 21st, 2018

S M T W T F S  
20 21 22 23 24 25 26

**Todays Medication**

Morning Meds

Lisnopyril 20

Taken Missed Reschedule

**Reminders**

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

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Provide care > **Add Medication**

John Today is May 21st, 2018

+ Scan your pill bottle label Add manually

Medication name

Dosage (e.g. 10mg, 500 IU)

Rx number

Quantity

Prescription date  03 / 10

Num Refills left

Date filled  03 / 10

Discard after  03 / 10

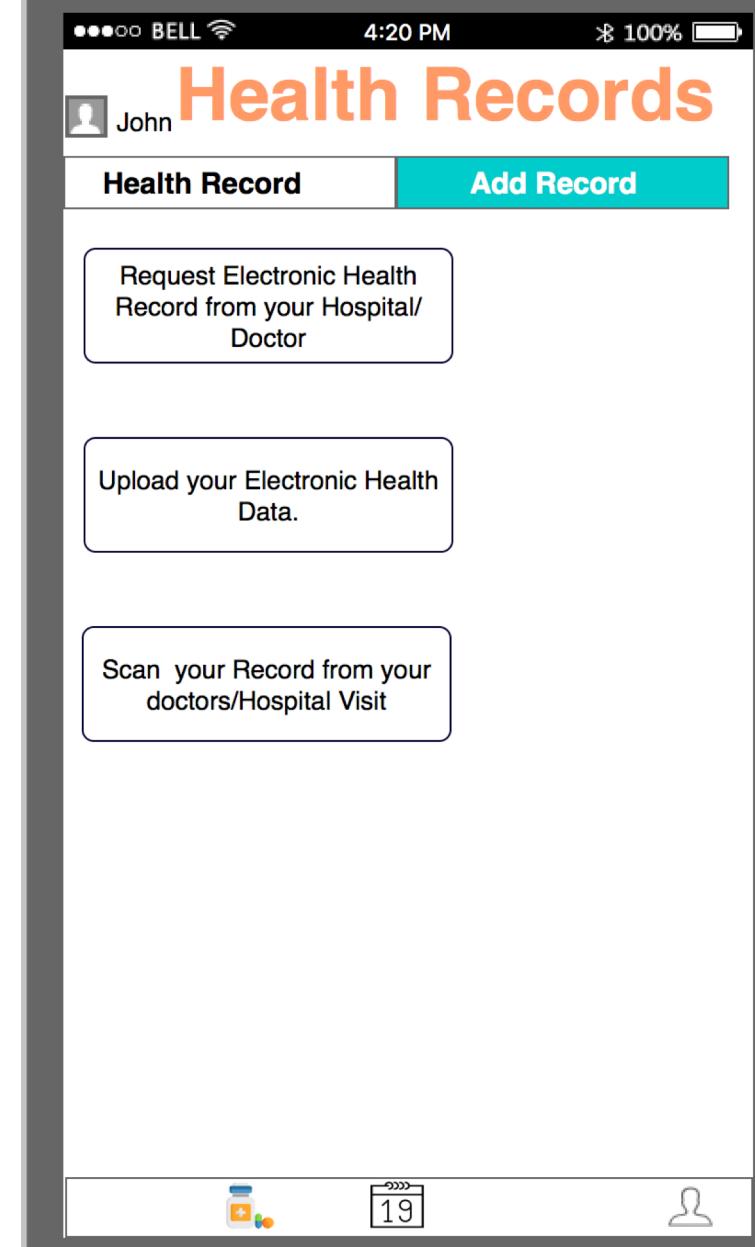
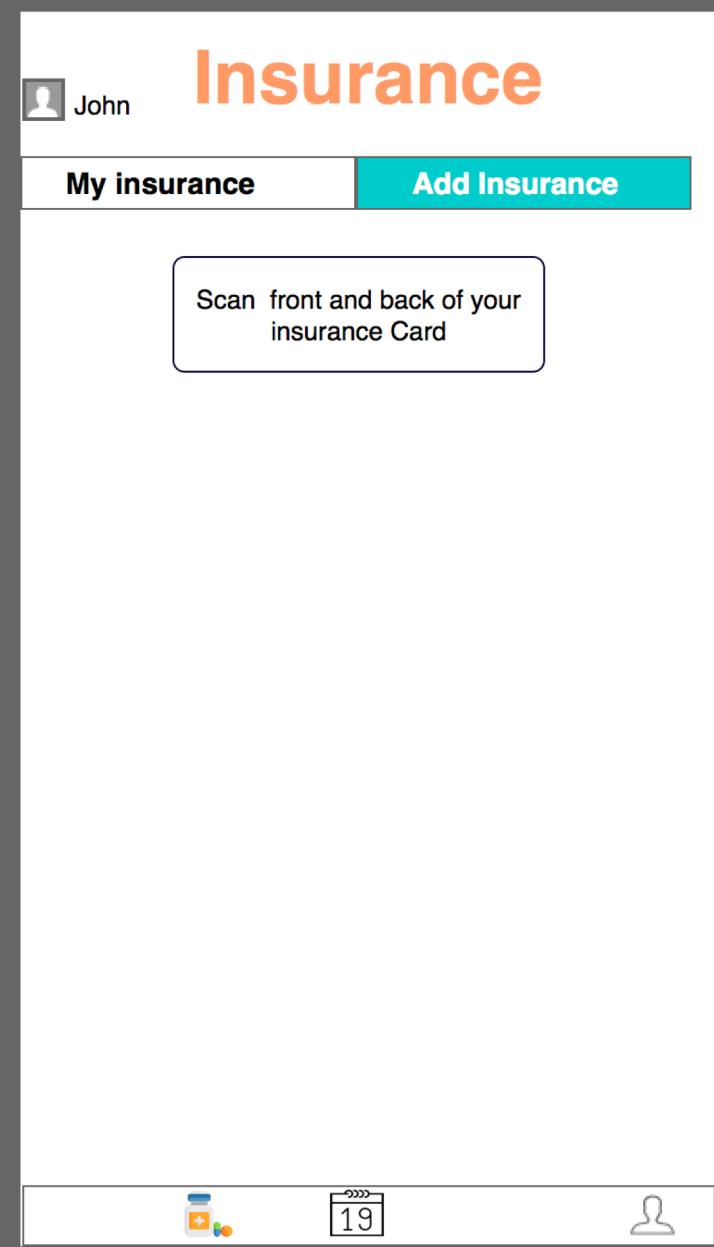
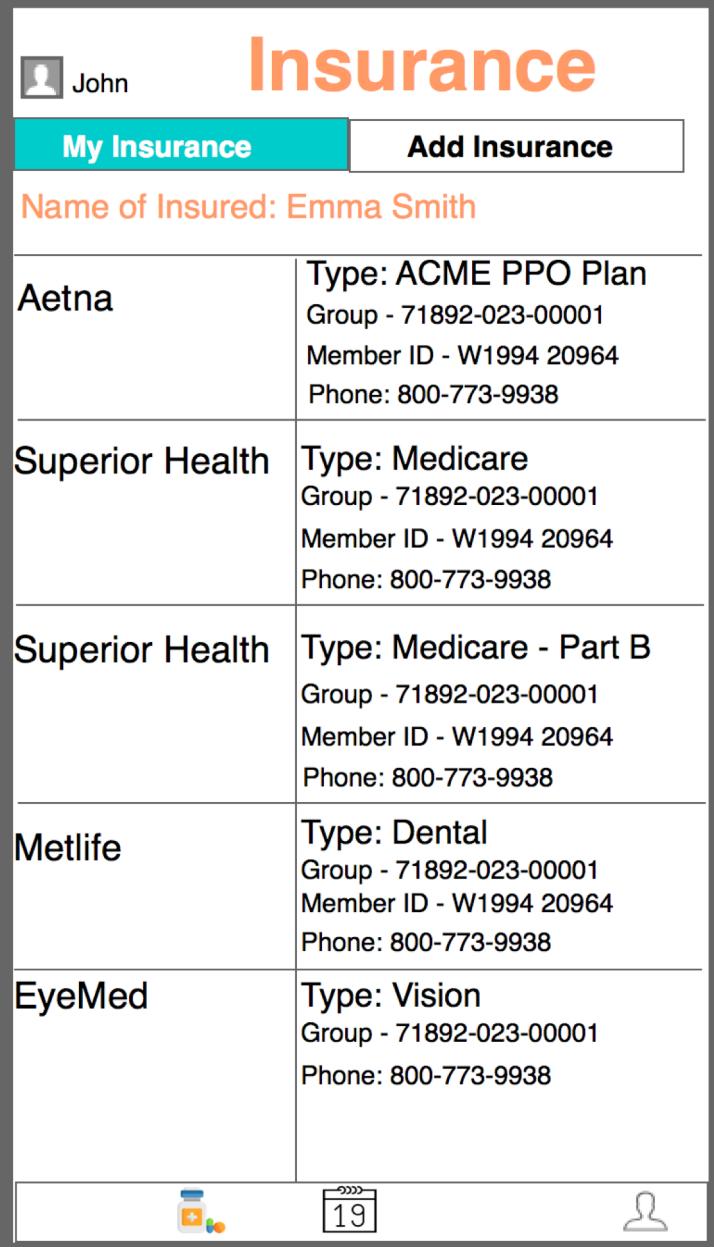
Pharmacy

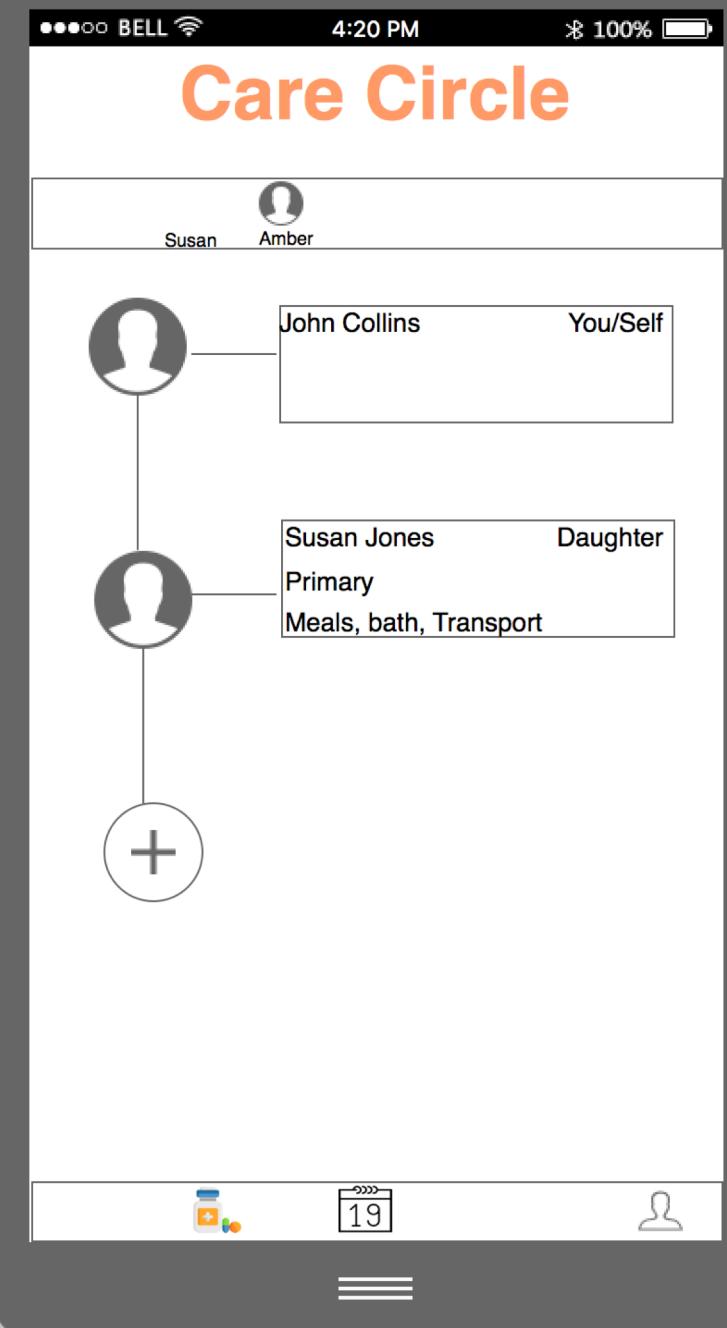
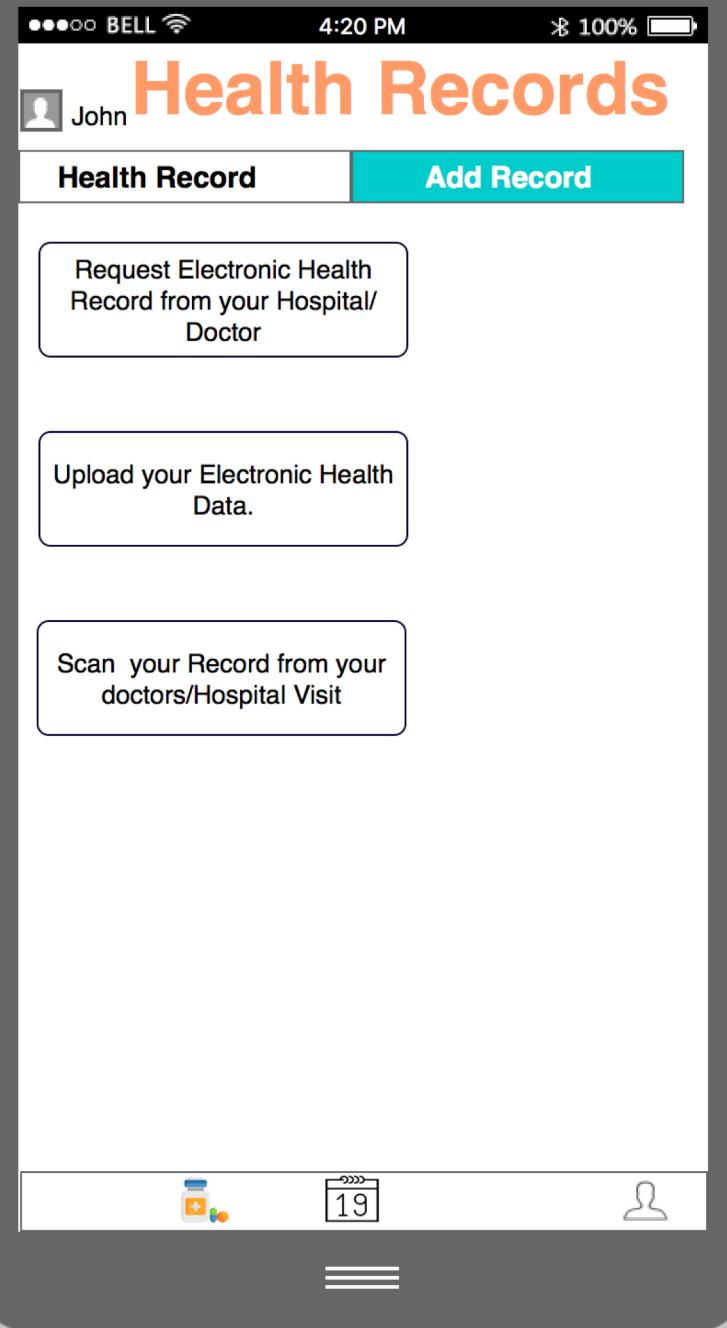
Store phone

Prescribed by

Save

19





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# Cognitive Care

ADL Observation

Can make phone calls  Yes  No

Walking

Around the house  Need assistance  
 Yes  No

Go up the stairs  Need assistance  
 Yes  No

In the neighbourhood  Need assistance  
 Yes  No

Can manage finances  Yes  No

Can go shopping  Yes  No

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John

19

John

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"/>
<a href="#" style="background-color: green; color: white; padding: 5px;">Save</a>	
  	

●●●○○ 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"/>

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

Diabetic	
Blood Glucose	3 times daily

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Save

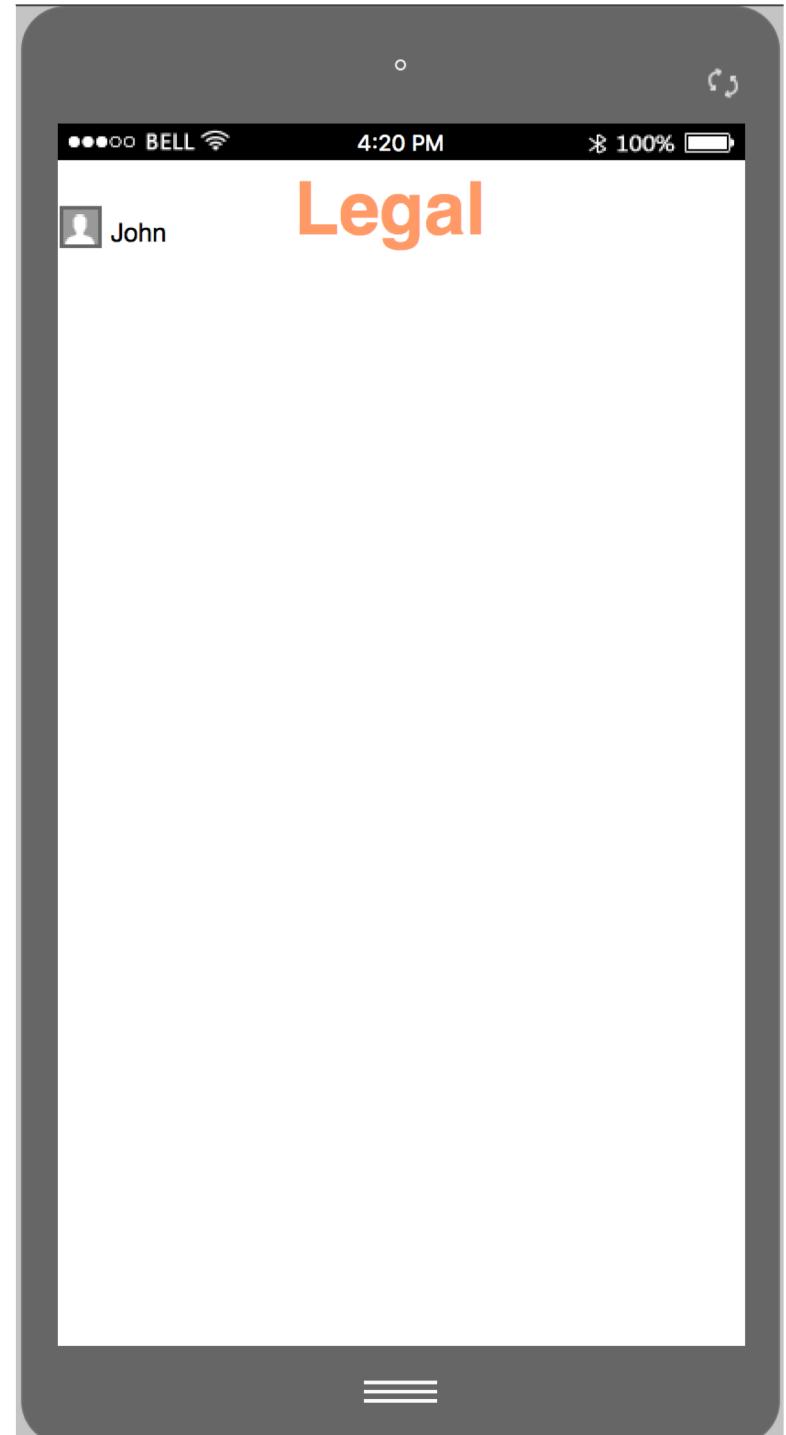
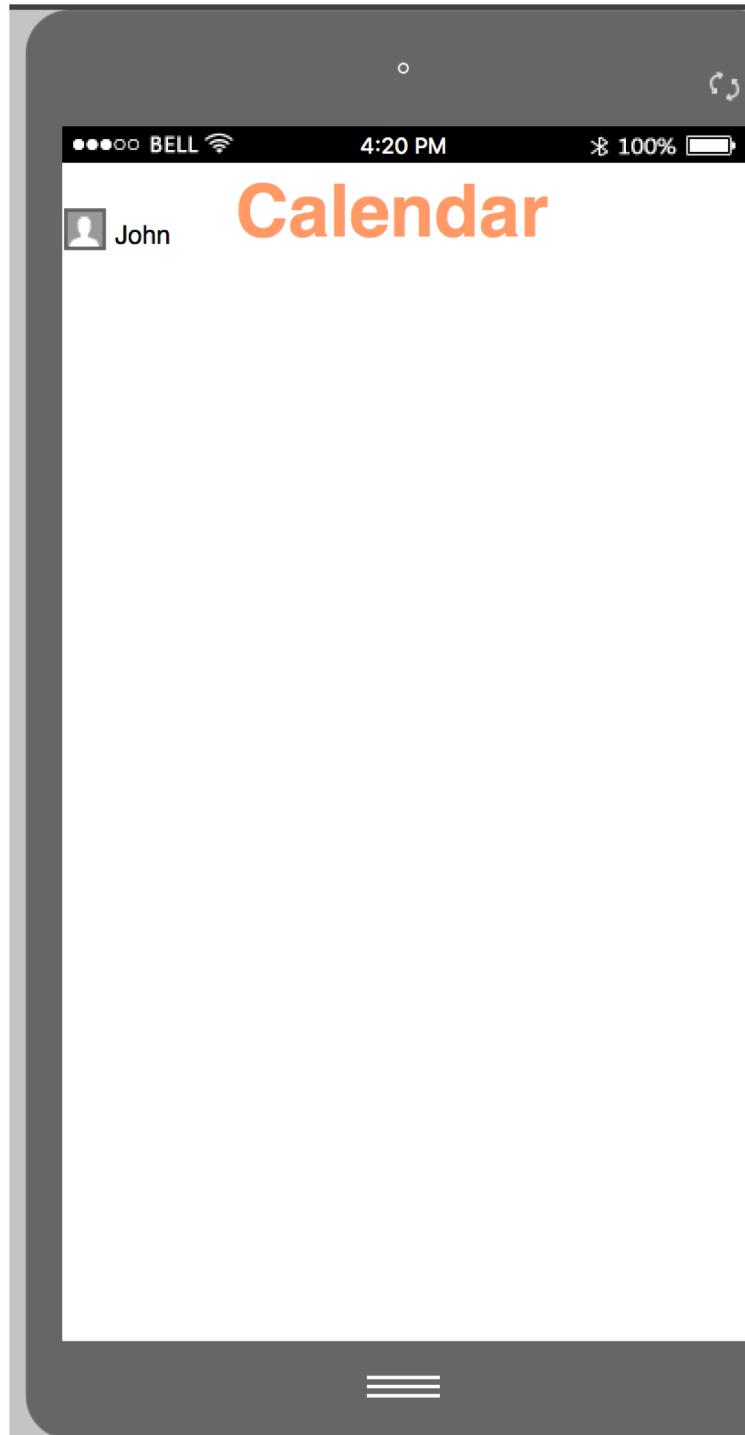
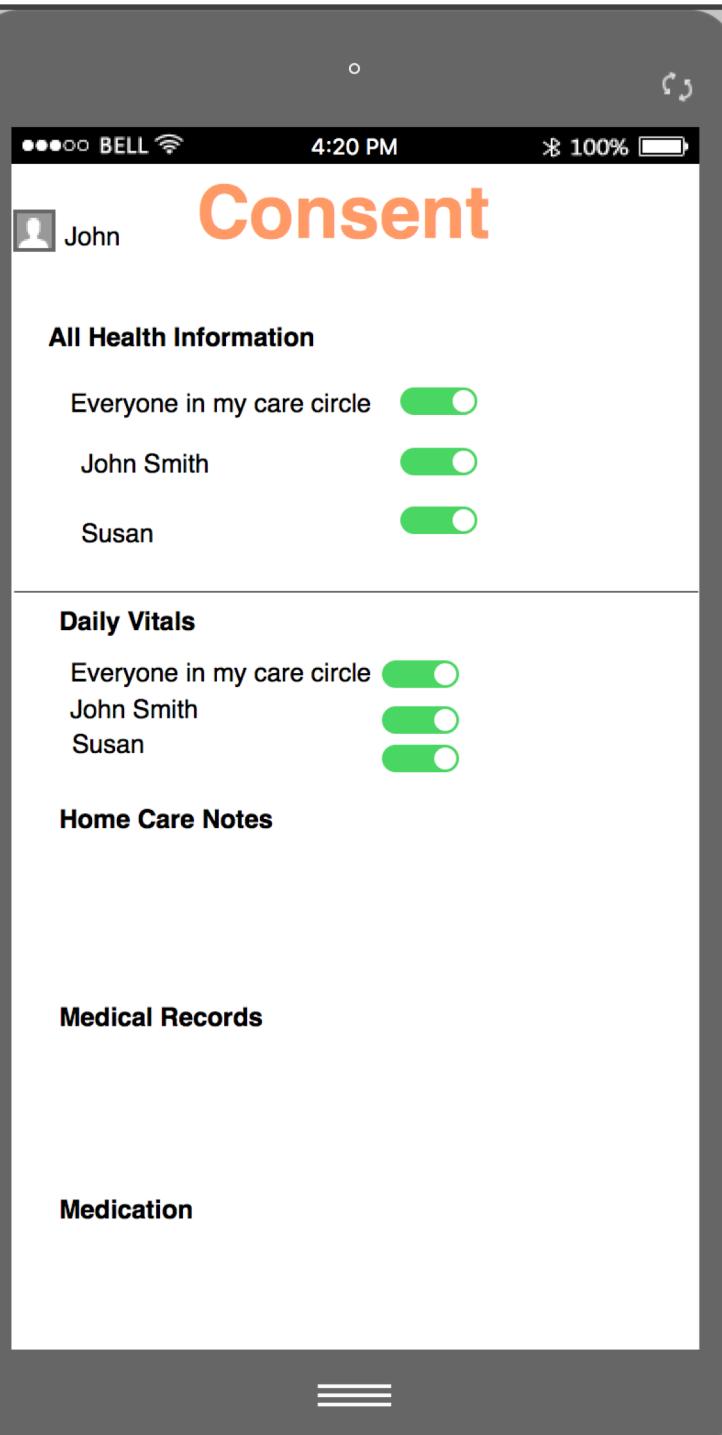
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19



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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# Vaccinations

John

**Birth - 1 Month Old**

**HepB - Hepatitis B (First Dose)**

Visit Date

Weight

Length

Head Circumference

Given Missed Reschedule

**1 Month Old**

**HepB - Hepatitis B (2nd Dose)**

Visit Date

Weight

Length

Head Circumference

Given Missed Reschedule

[Dashboard](#) [Schedule](#) [Info](#)

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# Vaccinations

John

**2 Months old**

Rotavirus (RV)

DTaP

Hib  
*Haemophilis influenzae type b*

Pneumococcal (PCV)

Polio (IPV)

Influenza (flu)

Visit Date

Weight

Length

Head Circumference

Given Missed Reschedule

[Dashboard](#) [Schedule](#) [Info](#)

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# Vaccinations

John

**3 Months old**

Rotavirus (RV)

DTaP

Hib  
*Haemophilis influenzae type b*

Pneumococcal (PCV)

Polio (IPV)

Visit Date

Weight

Length

Head Circumference

Notes

Given Missed Reschedule

[Dashboard](#) [Schedule](#) [Info](#)

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John Vaccinations

4 Months old

Rotavirus (RV)  
DTaP  
Hib  
Haemophilis influenzae type b  
Pneumococcal (PCV)  
Polio (IPV)

Visit Date

Weight

Length

Head Circumference

Notes

 Given     Missed     Reschedule

BELL 4:20 PM \* 100%

John Vaccinations

6 Months old

Rotavirus (RV)  
DTaP  
Hib  
Haemophilis influenzae type b  
Pneumococcal (PCV)  
Polio (IPV)  
Influenza (flu - 1st Dose)  
Influenza (2nd Dose - recommended 4 weeks after)

Visit Date

Weight

Length

Head Circumference

Notes

 Given     Missed     Reschedule