

# CareVen

# CareVen

Email

Password

Login

Forgot your password?

— OR —

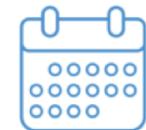
Create New Account

# CareVen

John



Provide Care



Appointments



Health Records



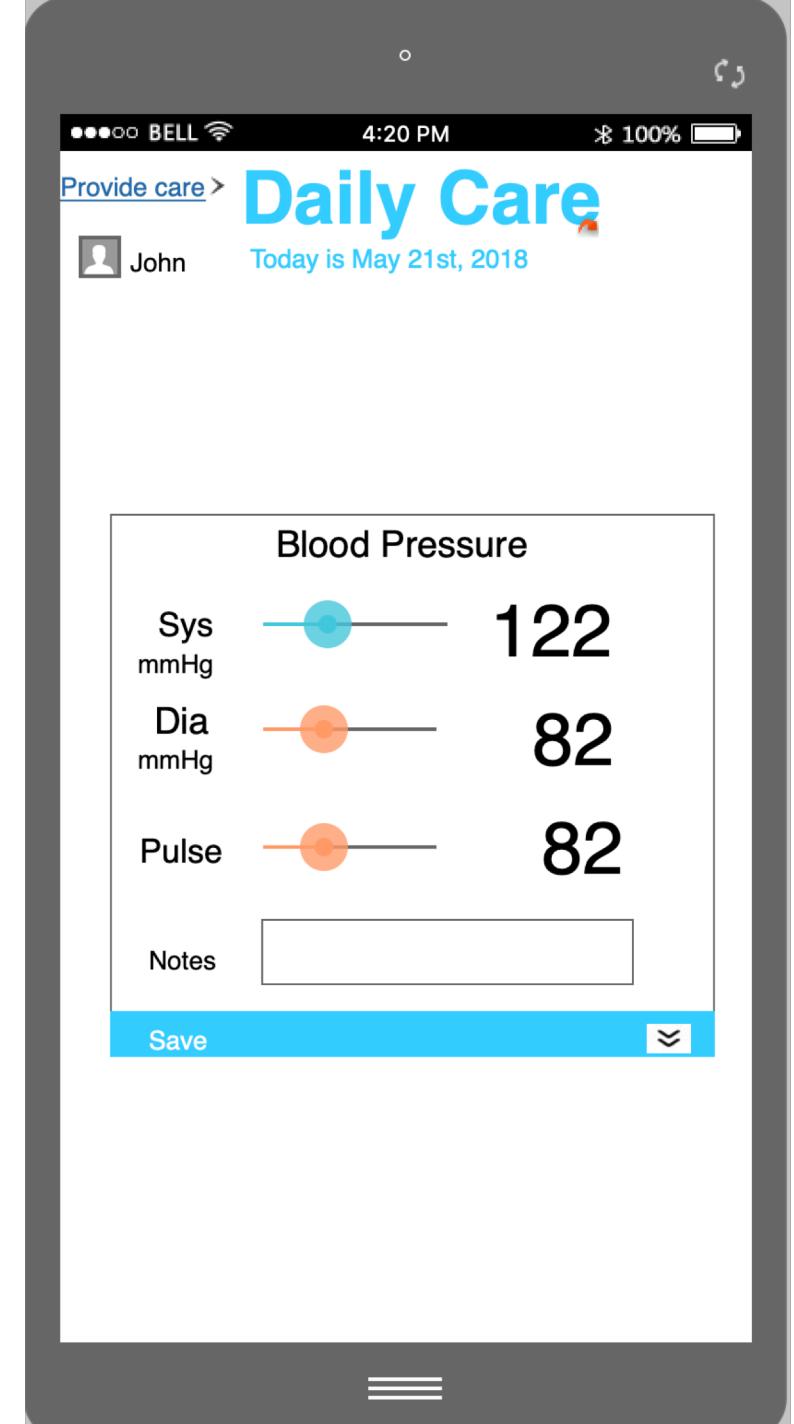
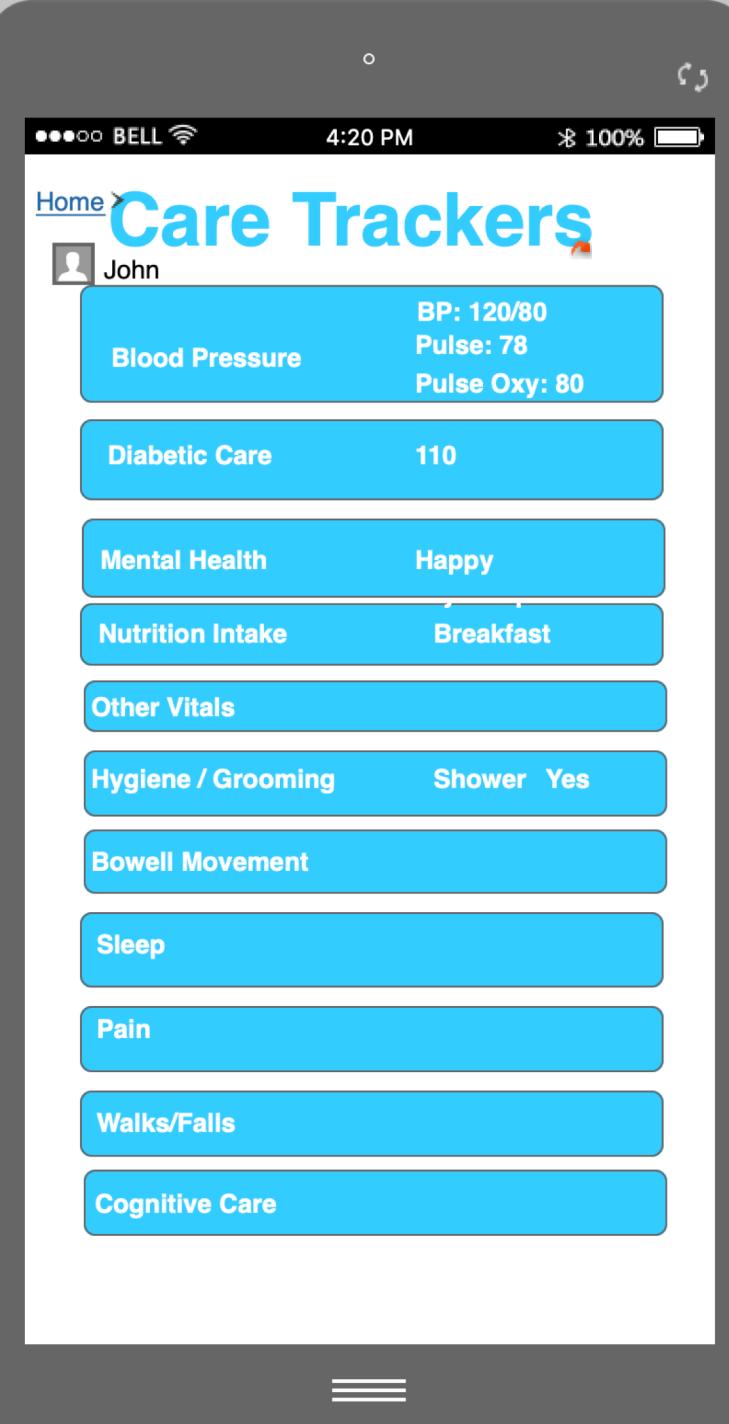
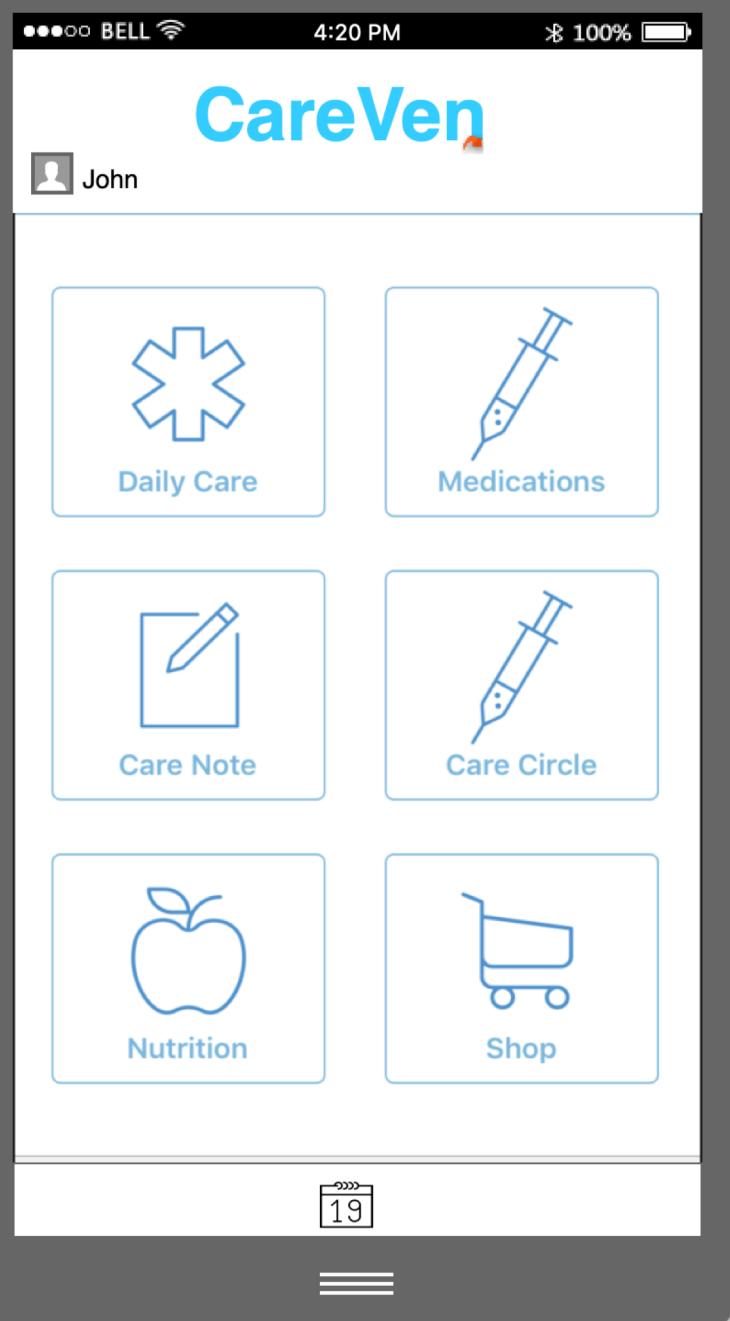
Insurance



Consent



Legal



# Daily Care

## Blood Pressure

Sys  122 mmHg

Dia  82 mmHg

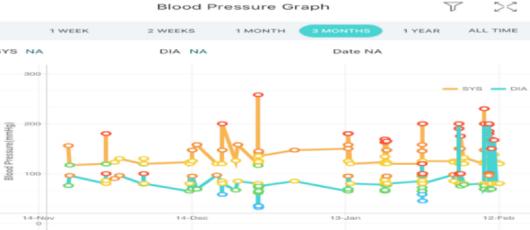
Pulse  78

Notes

Save 

### Your Readings

Blood Pressure Graph



What do blood pressure readings mean  
90 over 60 (90/60) or less: You may have low blood pressure.  
More than 90 over 60 (90/60) and less than 120 over 80 (120/80): Your blood pressure reading is ideal and healthy.

Provide care > **Daily Care**

John Today is May 21st, 2018

## Diabetics

Blood Sugar  120

When taken

breakfast  lunch  dinner

Before  After

Before Bedtime

Save 

Provide care > **Daily Care**

John Today is May 21st, 2018

## Mental Health

How do you feel today?

Good

Tired/Fatigued  Sick

Mood  1 (depressed) 10 Happy

Notes

Save 

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

### 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**

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

### Other Vitals

Body Temp  98.2 F

Respiratory Rate  18

Pulse Oxygen  95

Notes

**Save**

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

### 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**

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

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Breakfast

What did you eat

Lunch

What did you eat

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### Hair Care

### Makeup

Notes

**Save**

BELL 4:20 PM \* 100%

Provide care > **Daily Care**

John Today is May 21st, 2018

**Bowel Movement**

Need toilet assistance

Normal  
 Abdominal pain  
 Constipated  
 Abdominal cramps

Notes

Save

BELL 4:20 PM \* 100%

Provide care > **Daily Care**

John Today is May 21st, 2018

**Sleep**

Normal  
 Difficulty falling asleep  
 Frequent night time waking  
 Tired and groggy

Notes

Save

BELL 4:20 PM \* 100%

Provide care > **Daily Care**

John Today is May 21st, 2018

**Pain**

Intensity  10 0 10 0

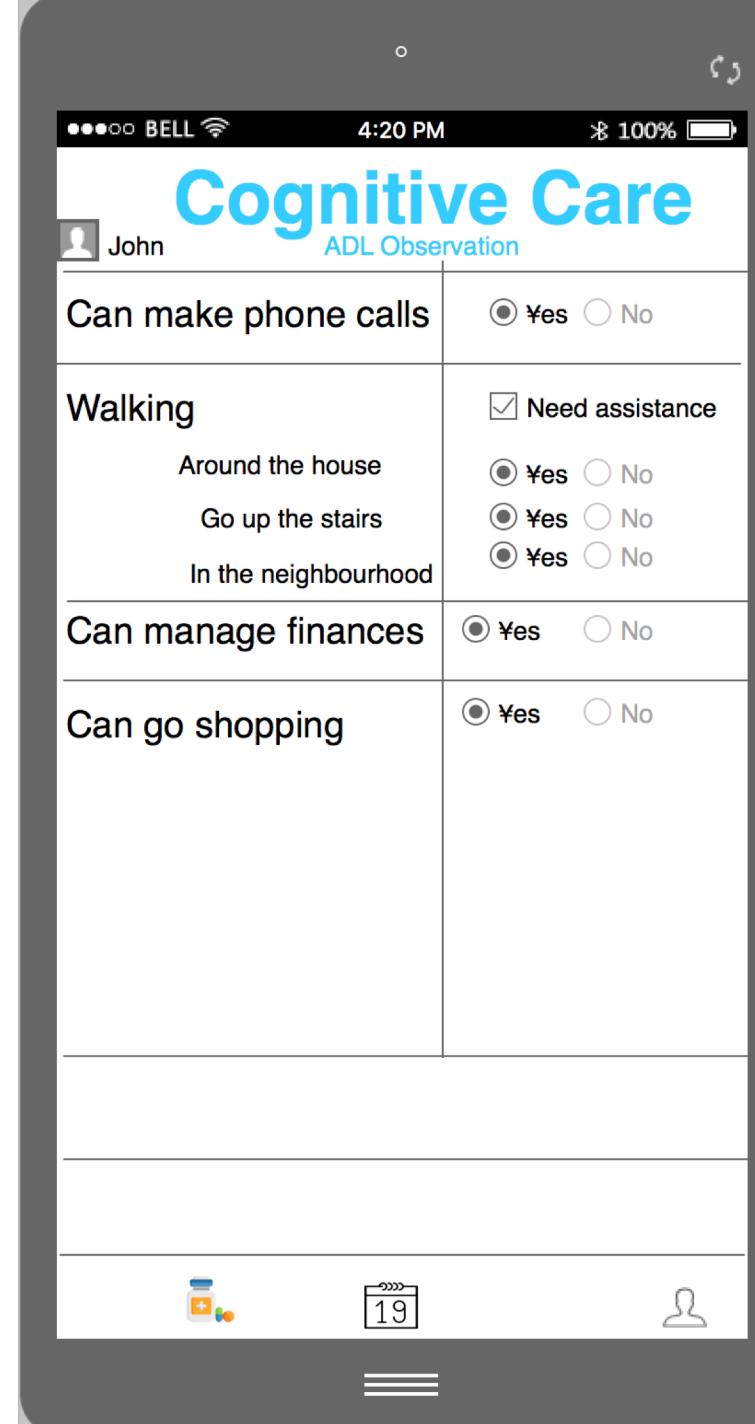
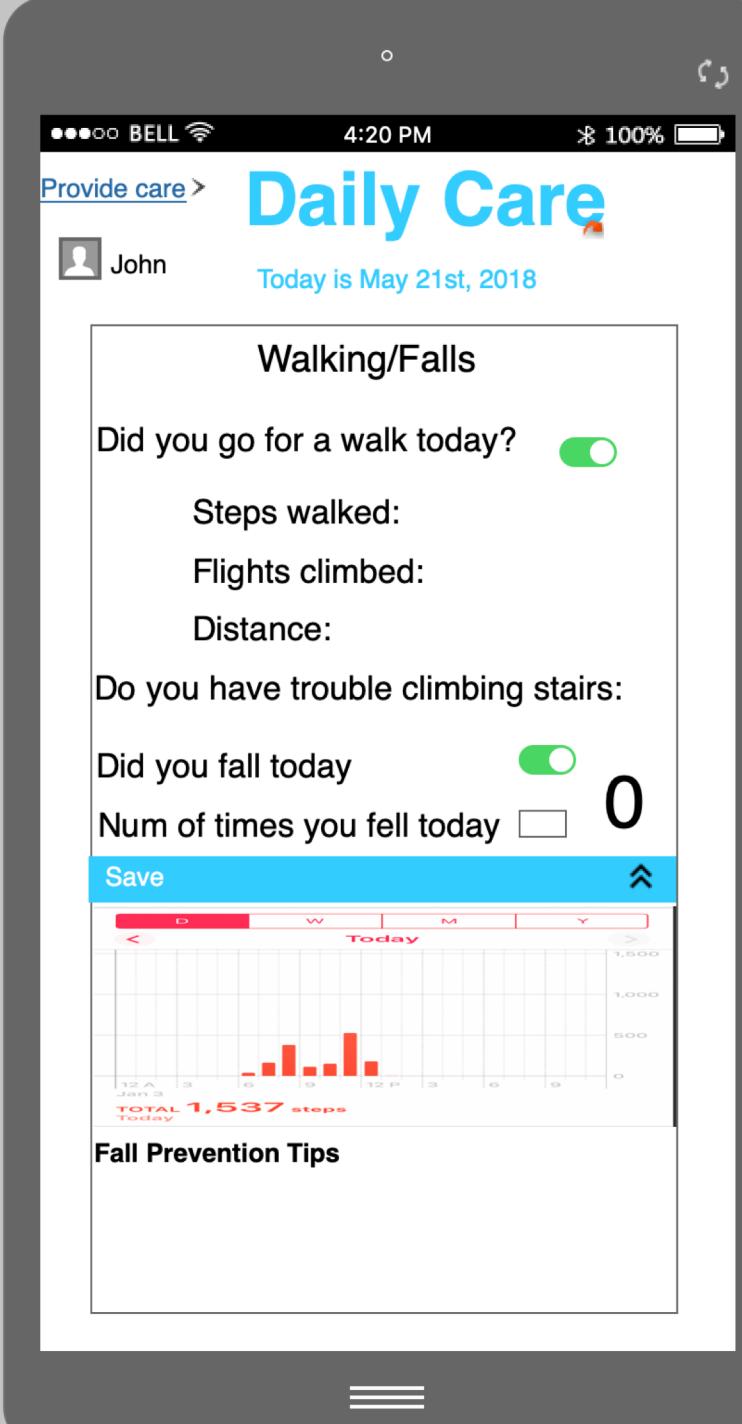
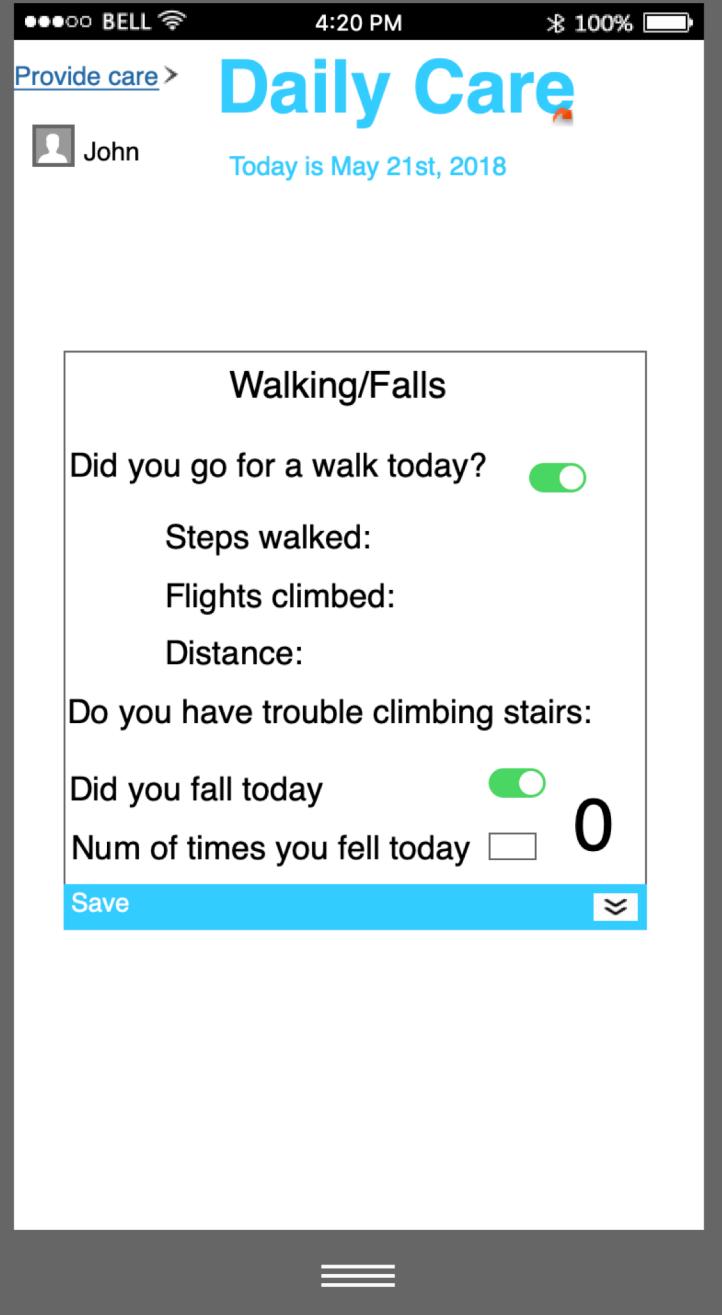
Pattern  constant  Intermittant

It affects  Sleep  
 Walking  
 Appetite

Location

Notes

Save



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

Lisnopyl 20

 Taken    Missed    Reschedule

Notes : (Side Effects, allergies that you notice)

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**Reminders**

You are out of refills for Lisnopyl. 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

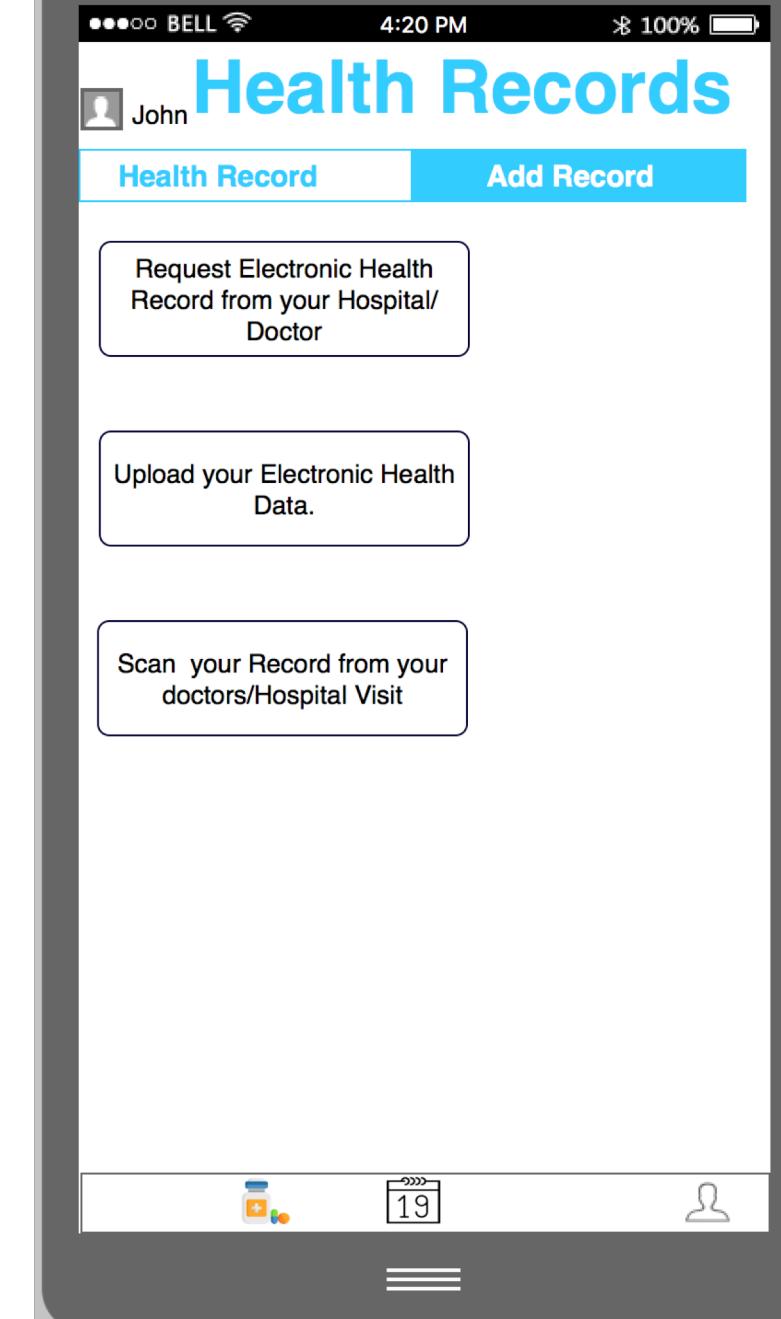
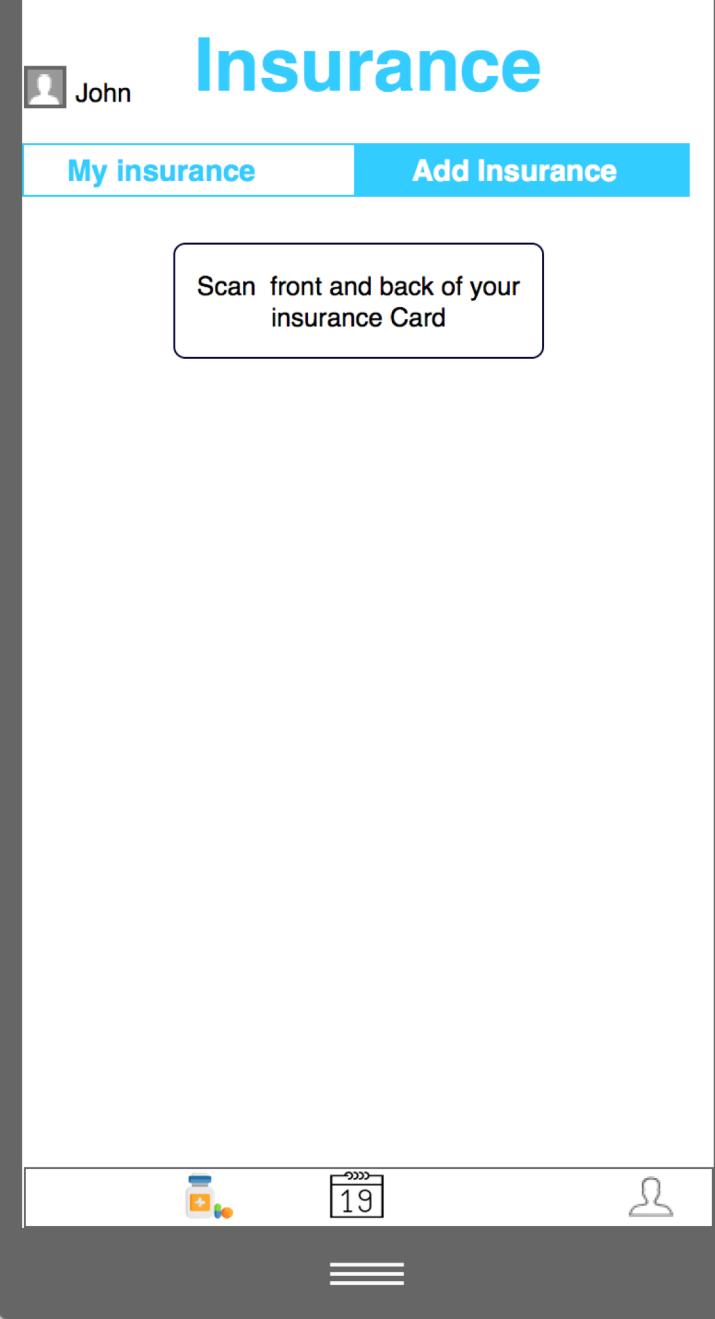
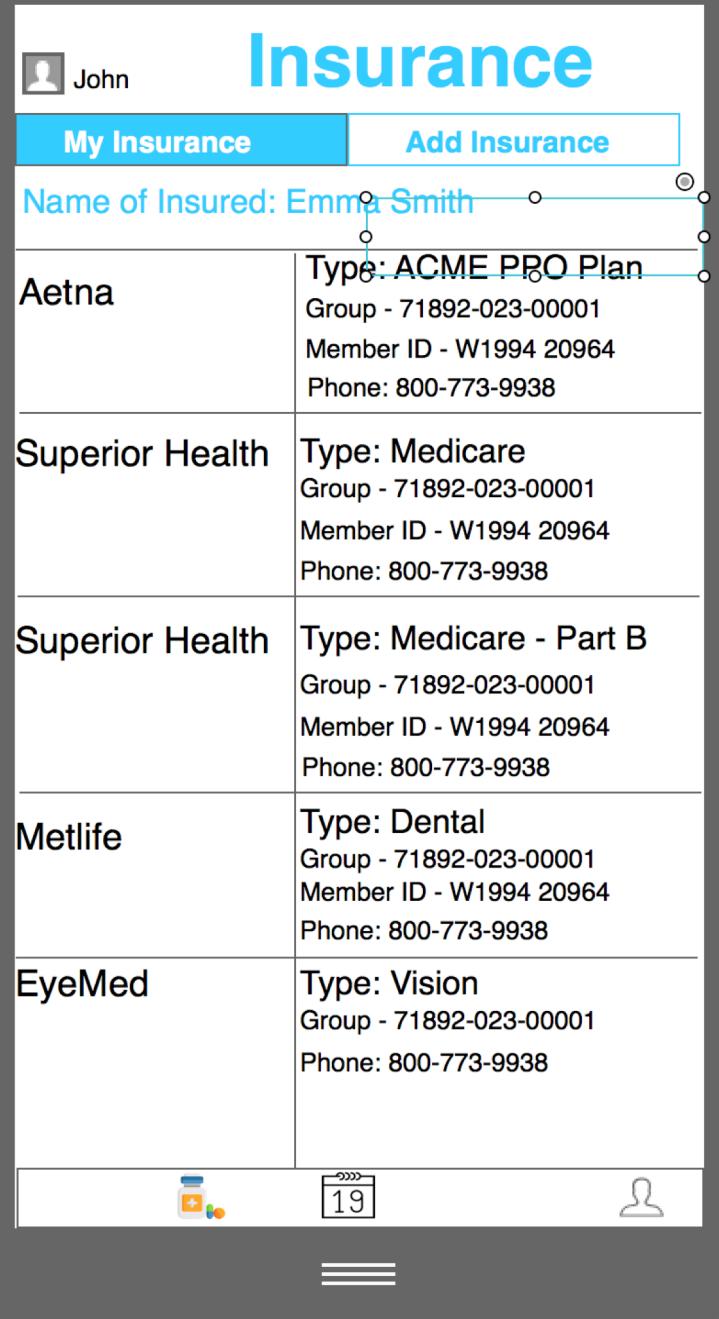
Covered by Insurance

Amount paid by you

Save

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# Health Records

Health Record

Add 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

# Care Circle

Susan  
Amber

John Collins You/Self

Susan Jones Daughter  
Primary  
Meals, bath, Transport

Need a select box to select relationship from the following:  
Son, Daughter,mom, Dad, Brother,  
Sister,Grandpa,  
Grandma,family,friend,doctor,  
..



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
<b>Contact Info</b>	
Home Phone	<input type="text"/>
Cell	<input type="text"/>
Email	<input type="text"/>
<b>Health Profile</b>	
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**

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"/>
Pulse	<input checked="" type="checkbox"/>
Pulse O2	<input type="text"/> 3 times daily

**Diabetic**

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

**Save**

BELL 4:20 PM \* 100%

# Consent

John

## All Health Information

Everyone in my care circle

John Smith

Susan

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## Daily Vitals

Everyone in my care circle

John Smith

Susan

---

## Home Care Notes

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## Medical Records

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## Medication

