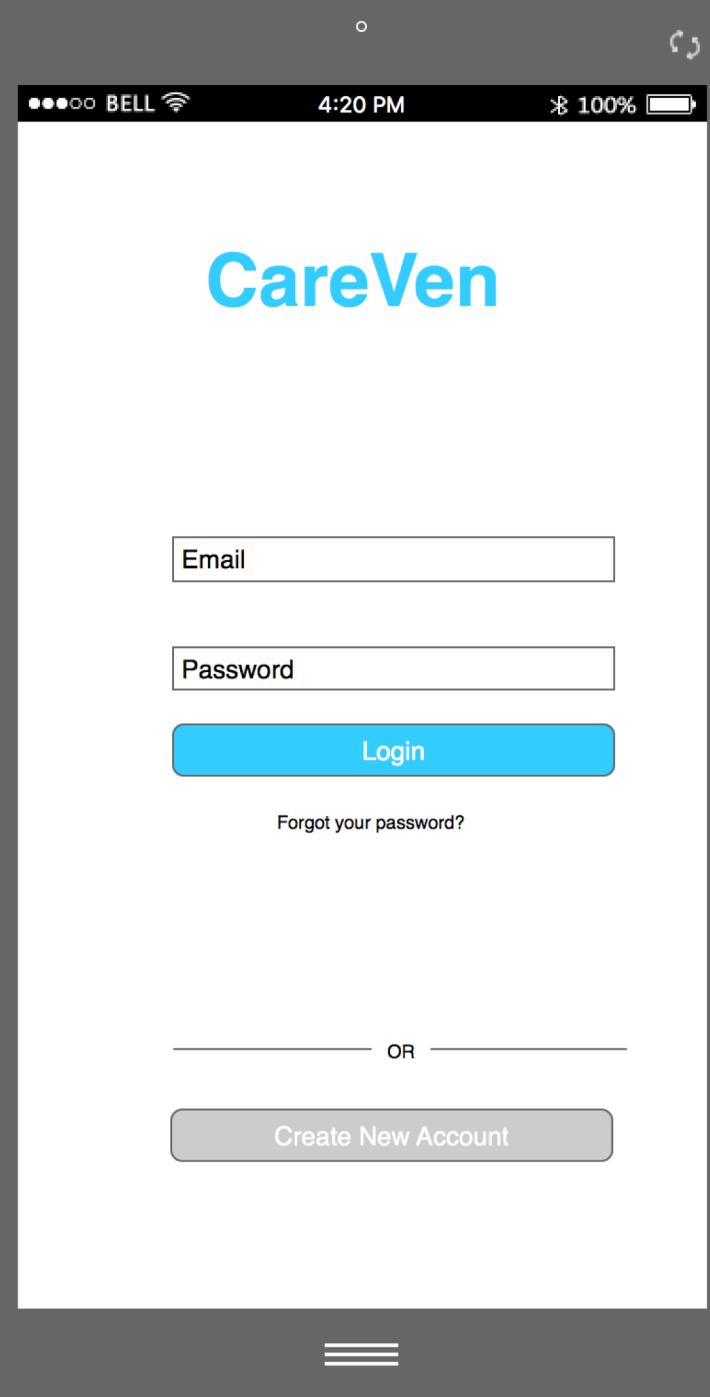
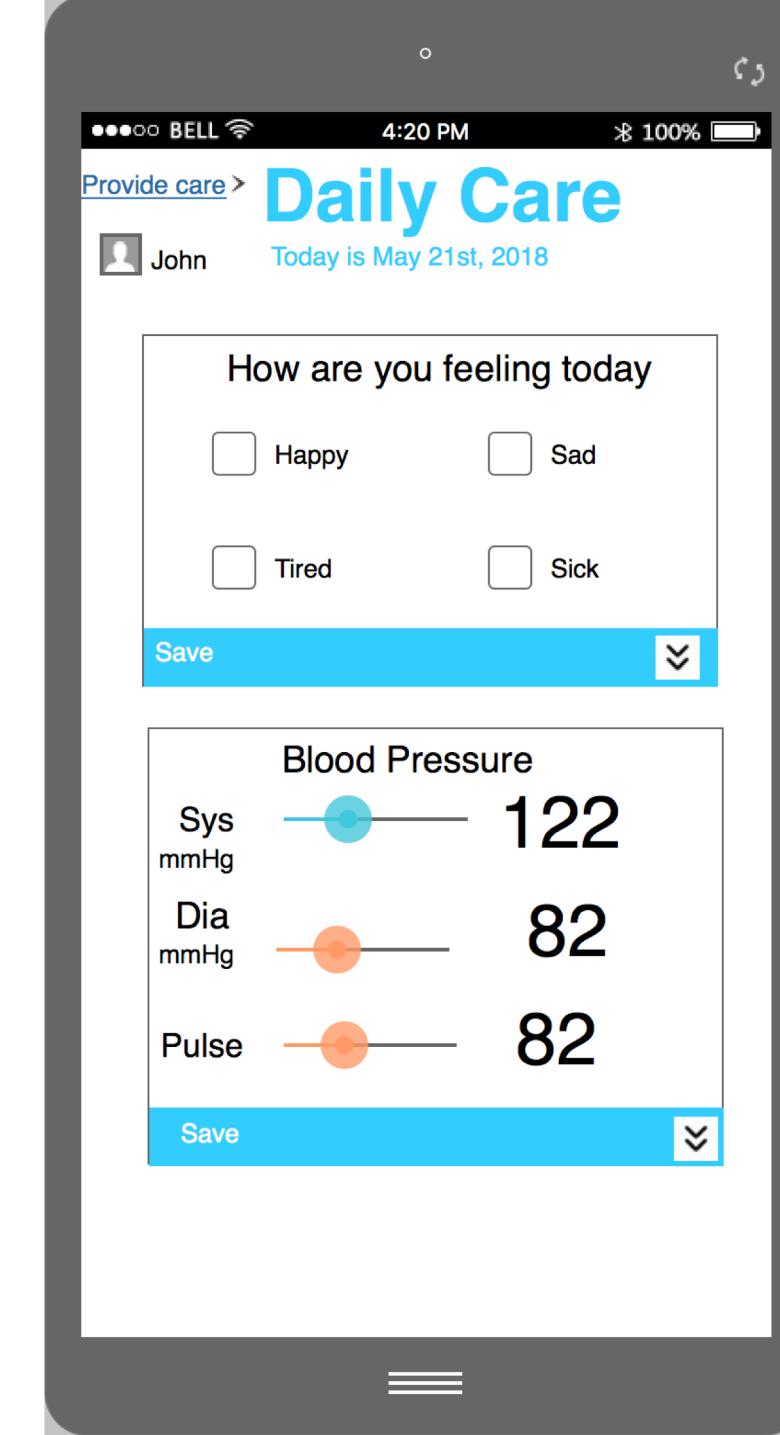
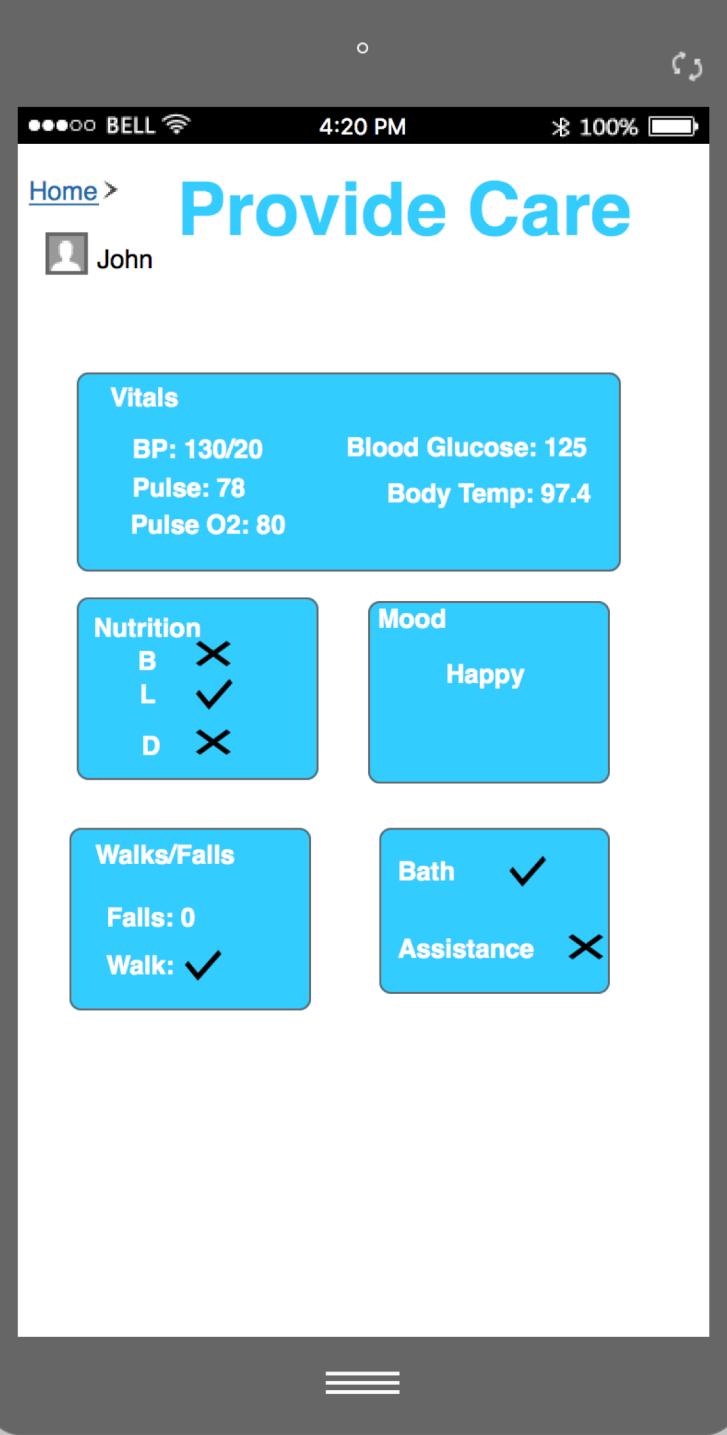
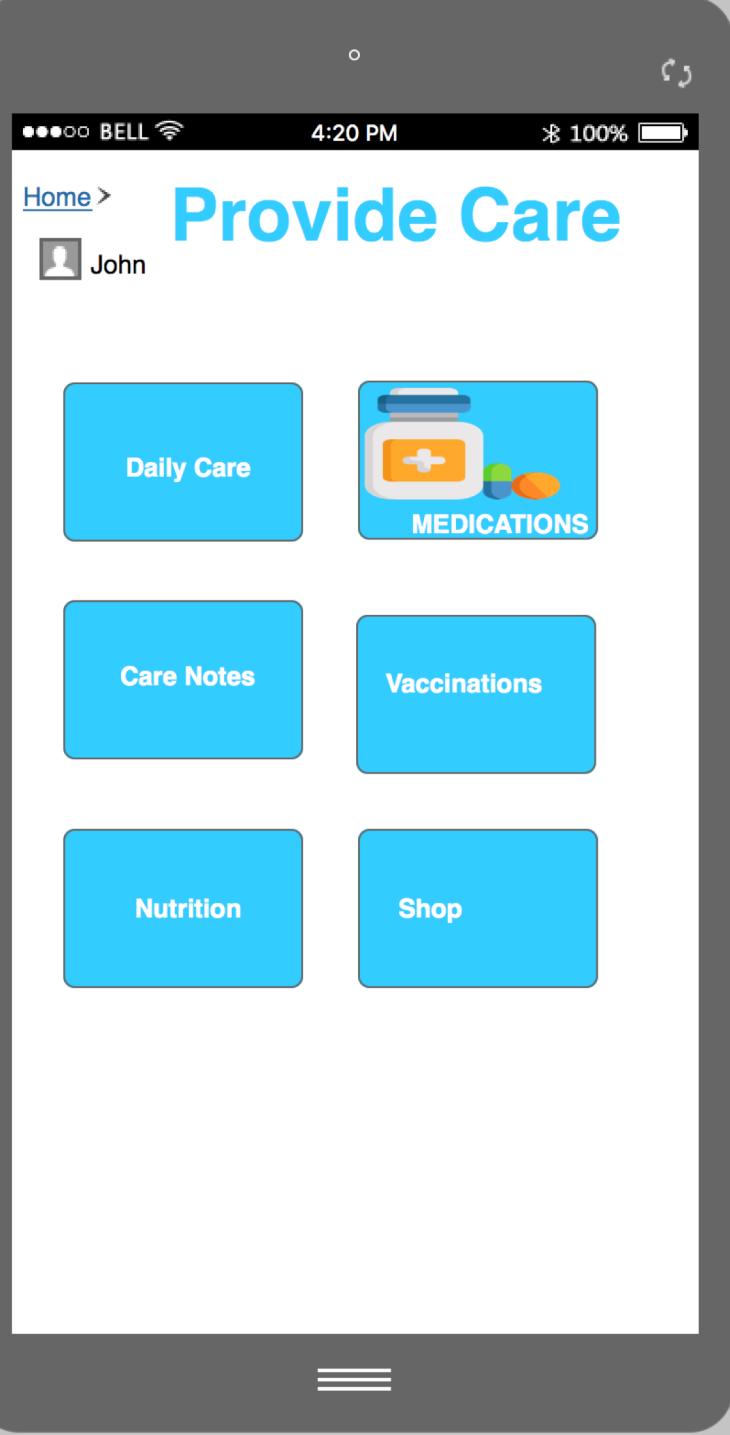


# CareVen





BELL 4:20 PM \* 100%

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**

BELL 4:20 PM \* 100%

Provide care > **Daily Care**

John Today is May 21st, 2018

**Nutrition Intake**

Breakfast

Lunch

Dinner

What did you eat ..

Needed Assistance  Yes

**Save**

**Bath**

Did you take a bath  Yes

Needed Assistance

**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

**Save**

**Walking**

Did you go for a walk

in the house

around the block

In the park/trail

**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

**Pain**

Intensity  10 0

Pattern  constant  Intermittant

It affects  Sleep  
 Walking  
 Appetite

Location

**Save**

BELL 4:20 PM \* 100%

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**

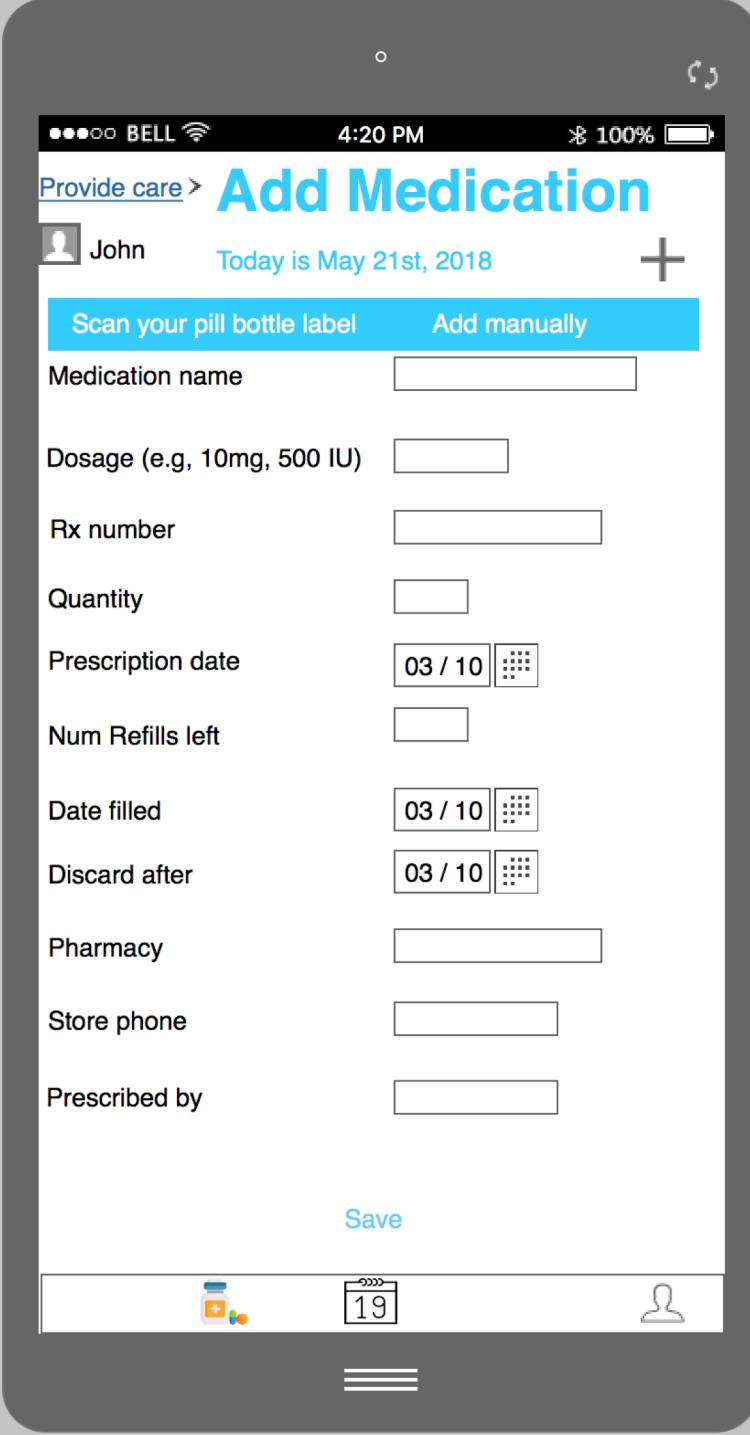
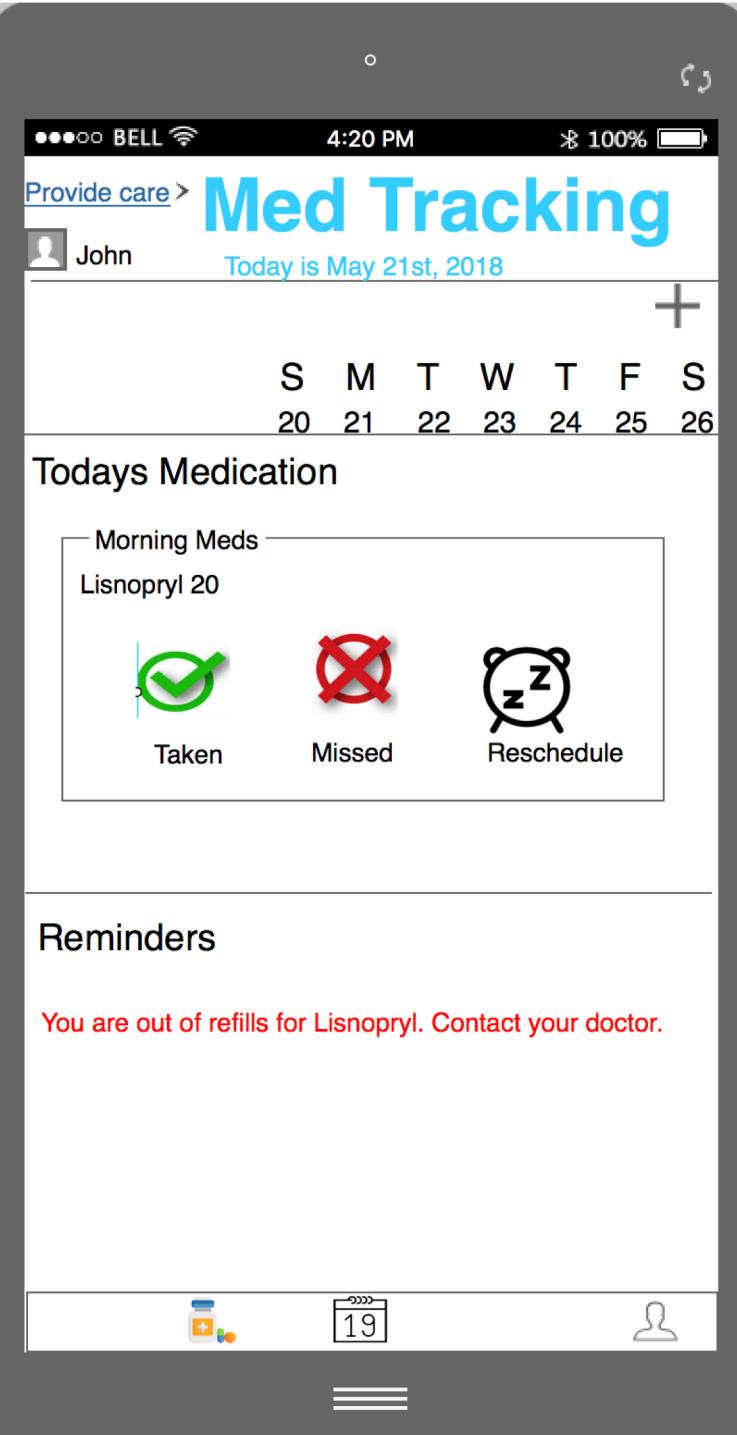
John Today is May 21st, 2018

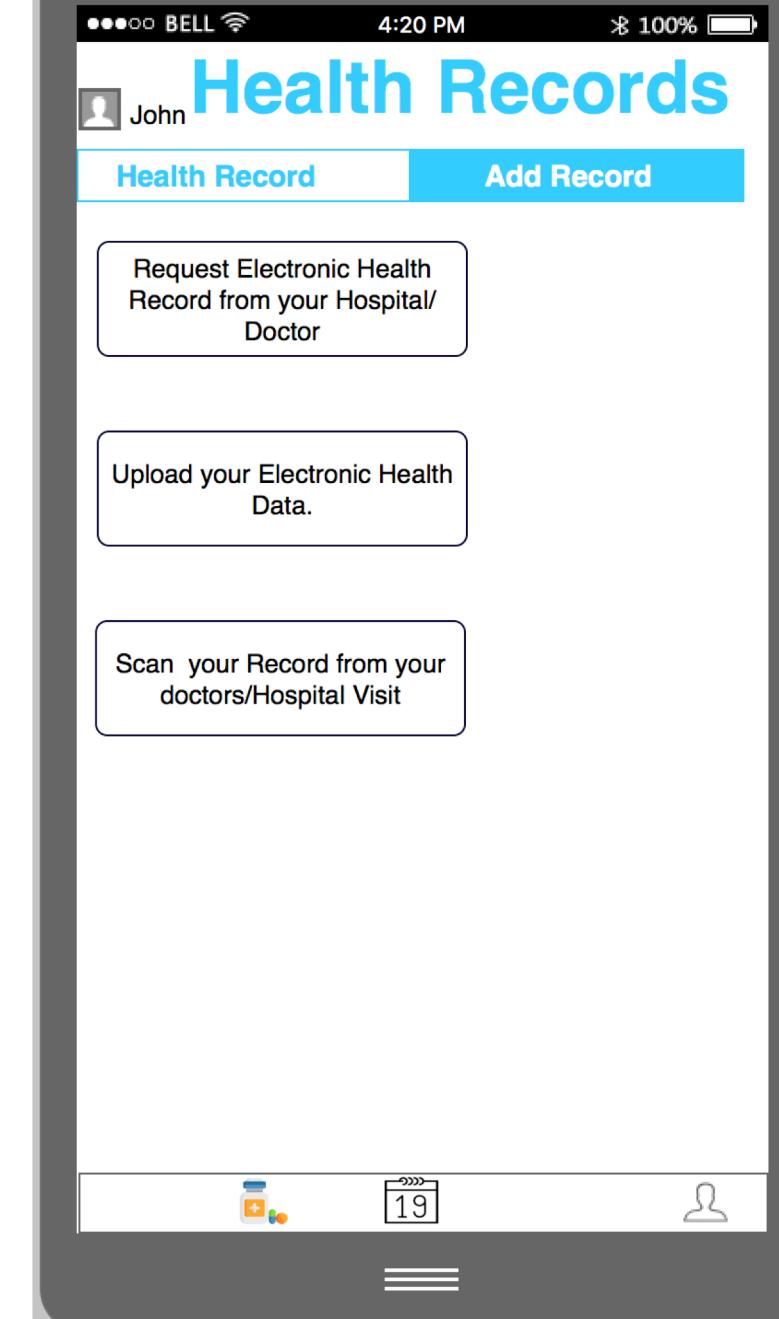
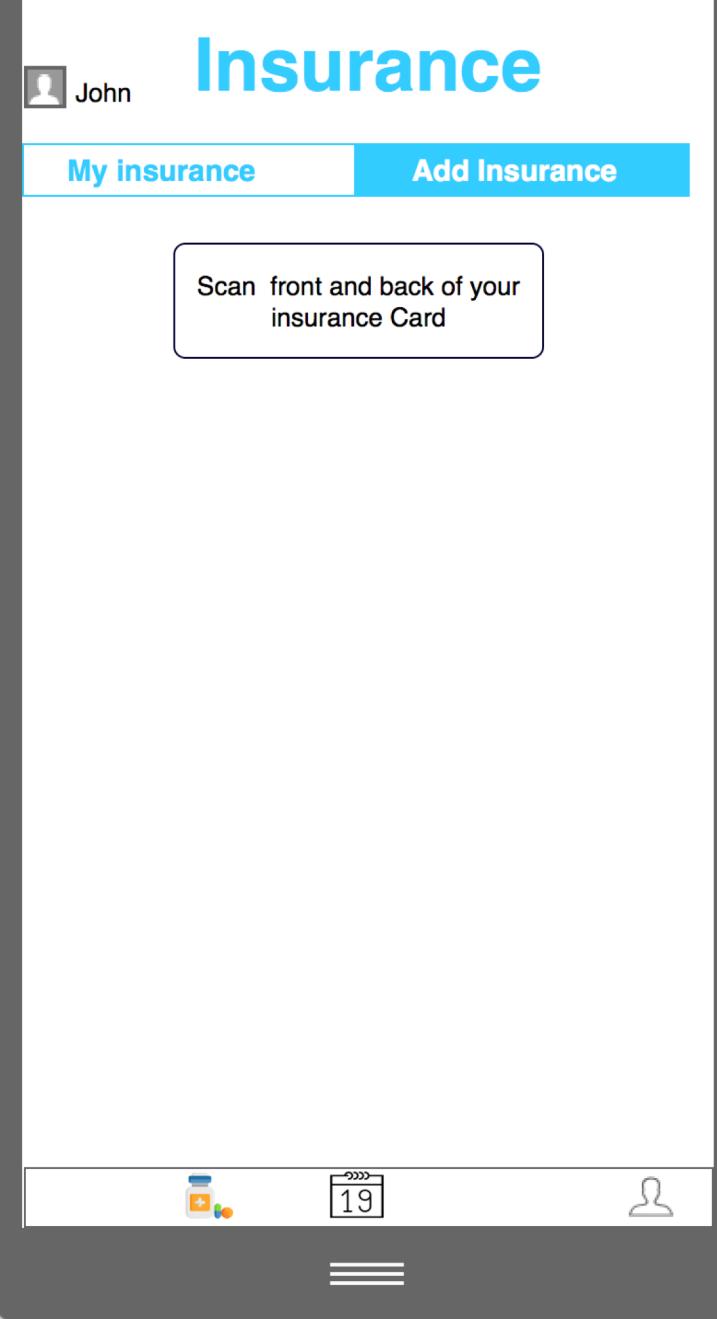
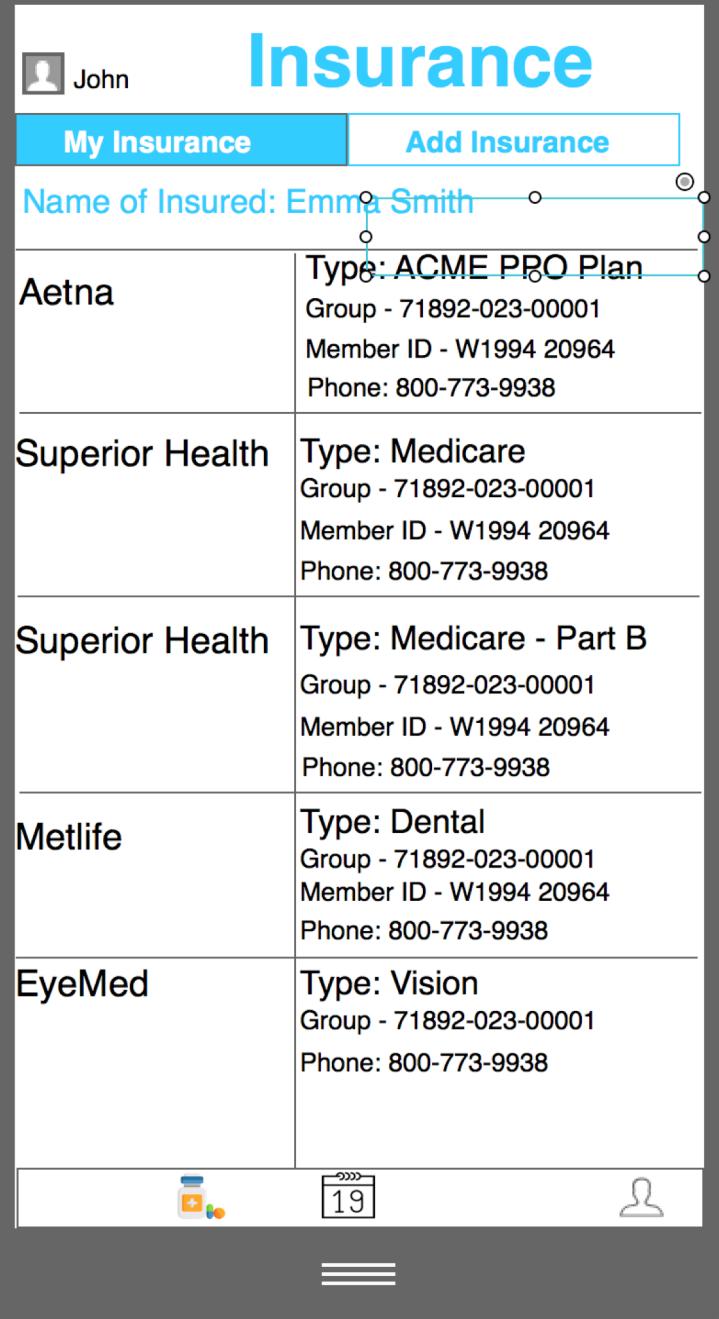
**You** Aug 30th, 2018 08:30 AM  
Mom is feeling fine today

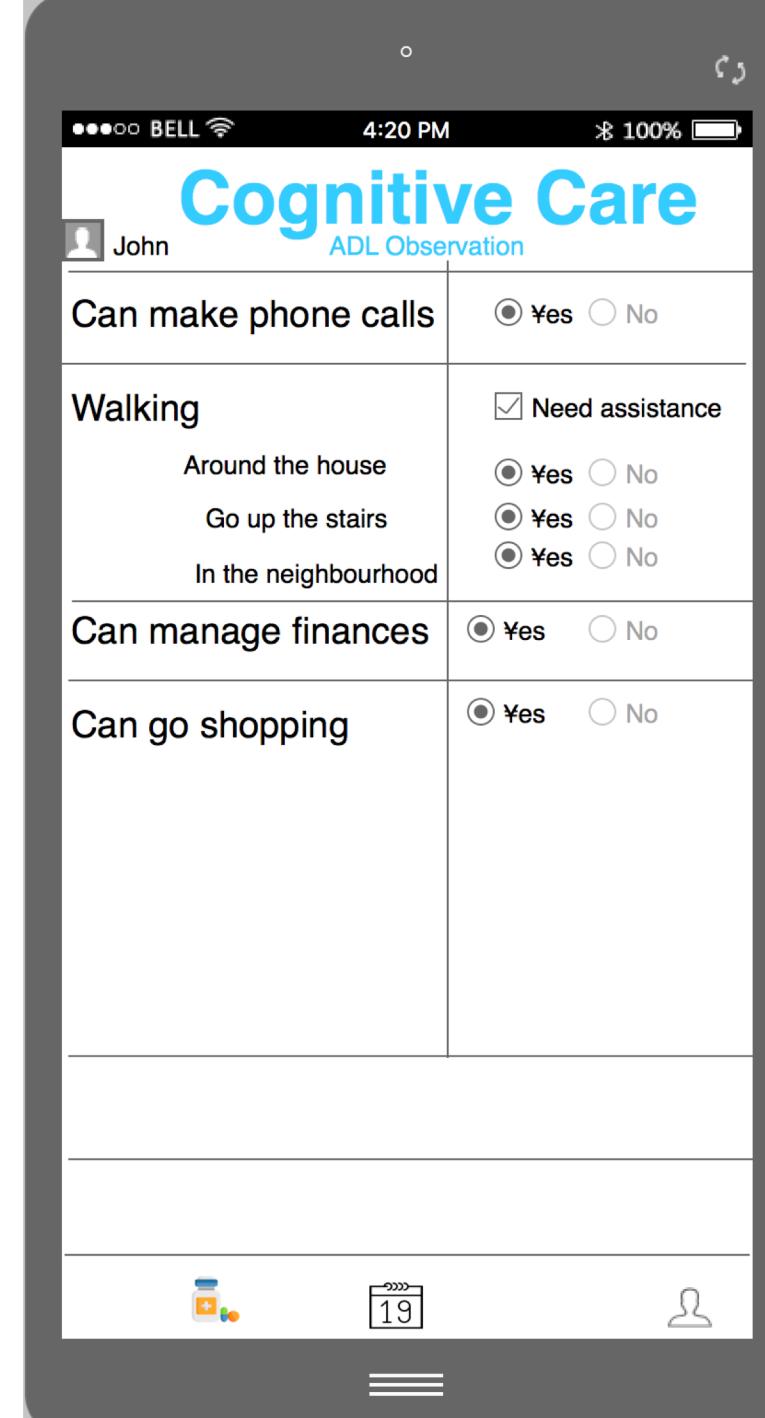
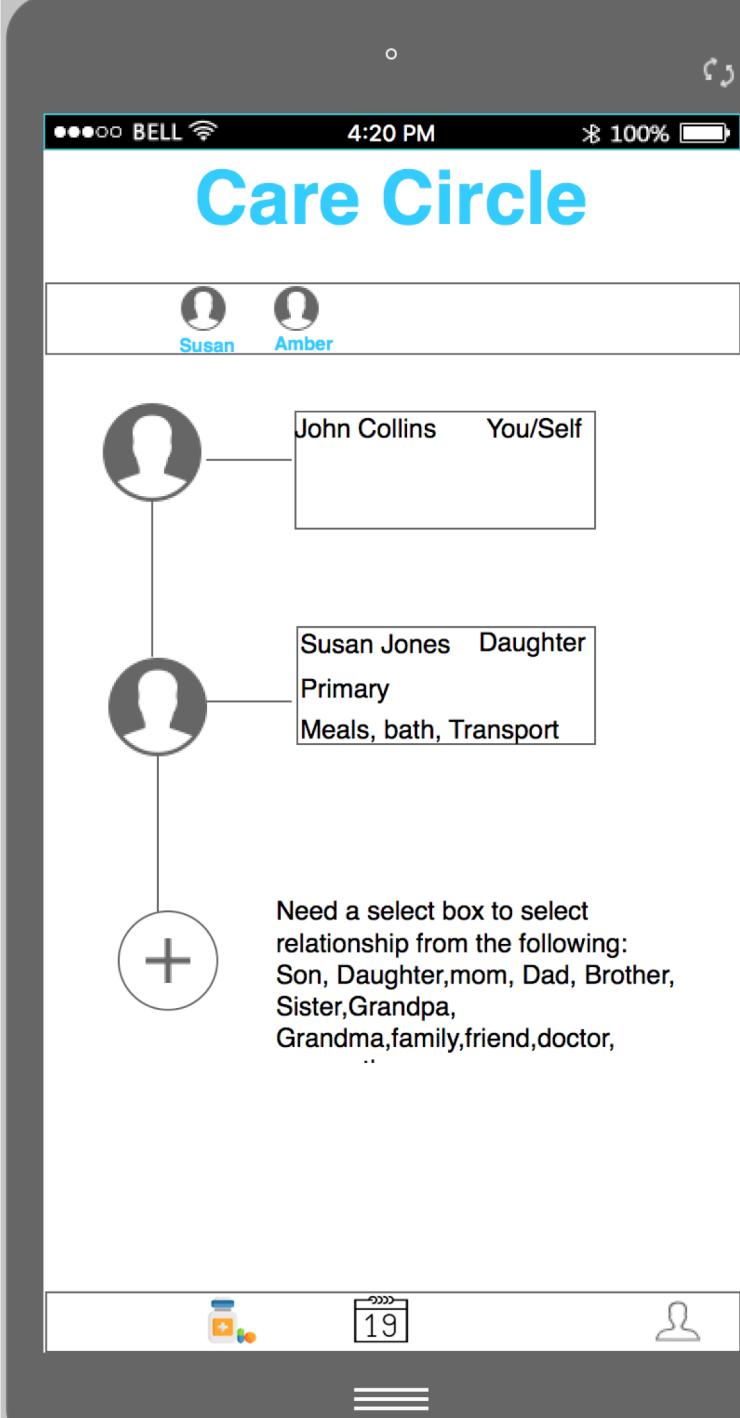
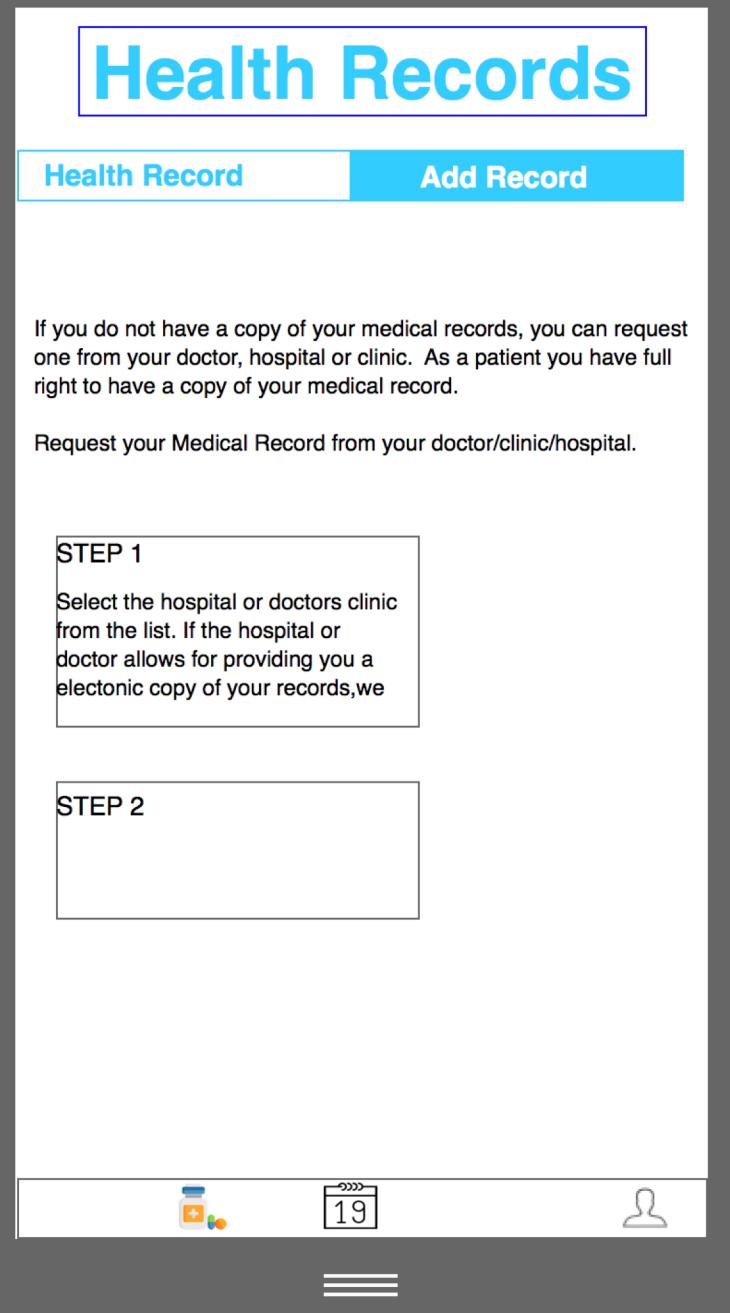
**Susan** Aug 29th, 2018 9:30 PM  
Mom was bit lethargic all day. Looks like allergies are bothering her.  
Had asked her take to Allegra before she goes to bed

**You** Aug 28th, 2018 5:30 PM  
Took mom to the doctor's for her checkup.  
Everything fine

**Vitals**  







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

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## Home Care Notes

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## Medical Records

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## Medication

