

## Vchar3





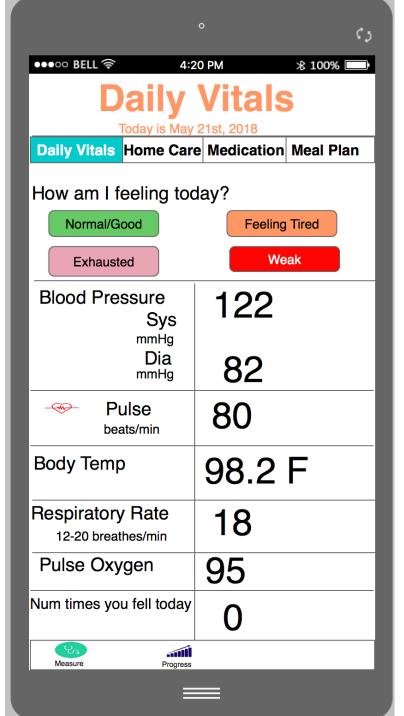
\$5

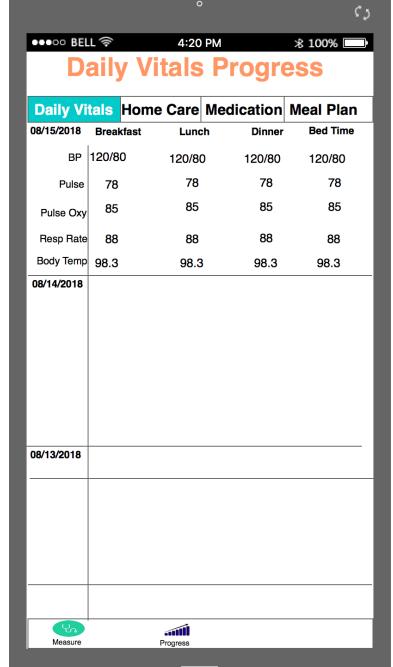




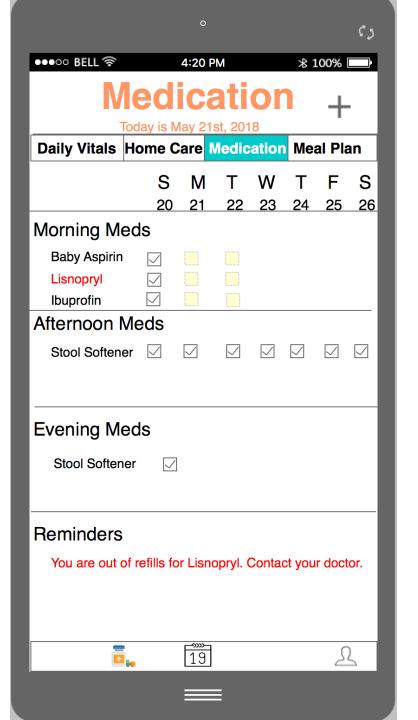


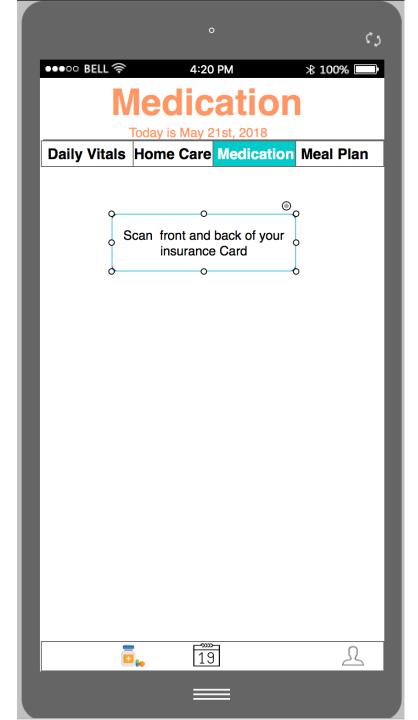






				4.5	
•••oo BEL	Lኞ	4:20 PM		※ 100% □	
		ne C			
Daily Vit		May 21st, 2 Care Med		Meal Plan	
What di ☑ Breakf	d you eat ast ☑ Lun	t today? ch ☑ Dir	nner		
Coffee, Orange Juice, Toast for breakfast					
Need Assistance to prepare meals?					
Did you	ı take a b		Yes ○ N Need Ass		
Bowel Movement Need assistance for toilet					
		Normal	○ Ab	dominal pain	
		Constipate	ed O Ab	dominal Cramp	
Did you go for a walk?					
Sleep	O Difficulty	/ falling asle	ep	lormal	
	○ Freq nig	ht time wak	ing $\bigcirc$ T	ired/groggy	
Pain	Intensity	0 —		10	
	Location				
	Pattern		ant 🖲 int	ermittent	
	It affects	☑ sleep ☑	walking	appetite	
	<b>1</b>	19		<u>R</u>	
IL					





### Insurance

My Insurance Add Insurance

Name of Insured:	Emma Smith		
Aetna	Type: ACME PPO Plan		
Aetha	Group - 71892-023-00001		
	Member ID - W1994 20964		
	Phone: 800-773-9938		
Superior Health	Type: Medicare		
l	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		
	<del></del>		

Metlife Type: Dental
Group - 71892-023-00001
Member ID - W1994 20964

Phone: 800-773-9938

EyeMed Type: Vision

Group - 71892-023-60001

Phone: 800-773-9938







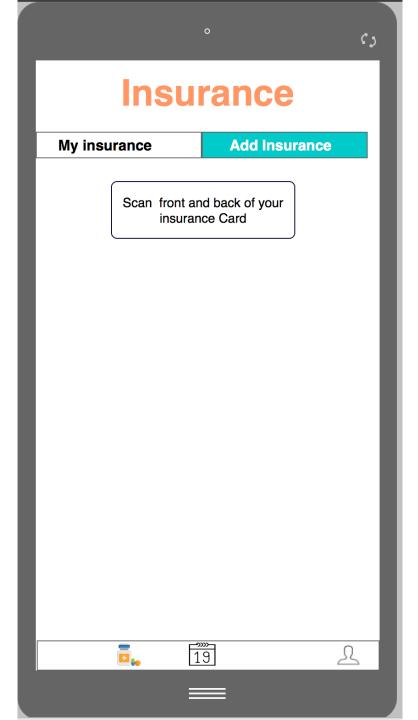


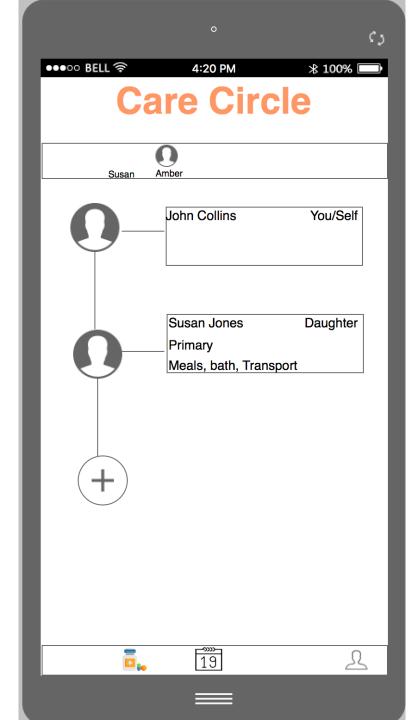


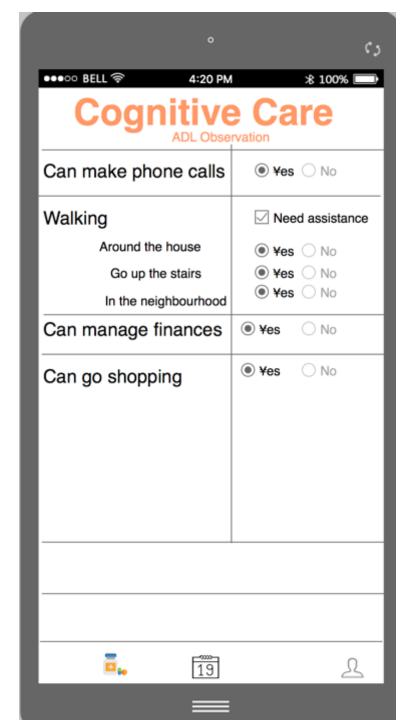


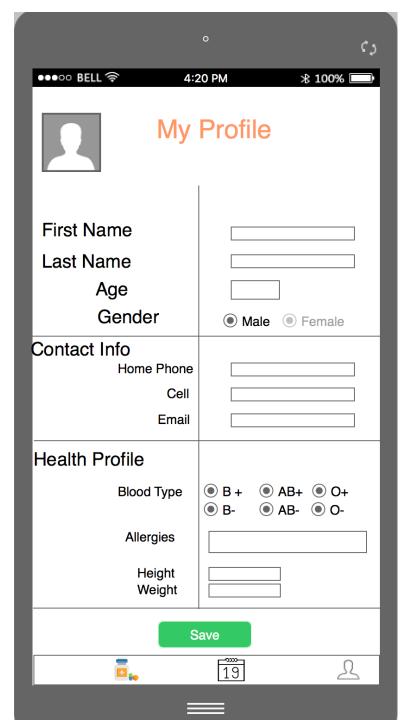


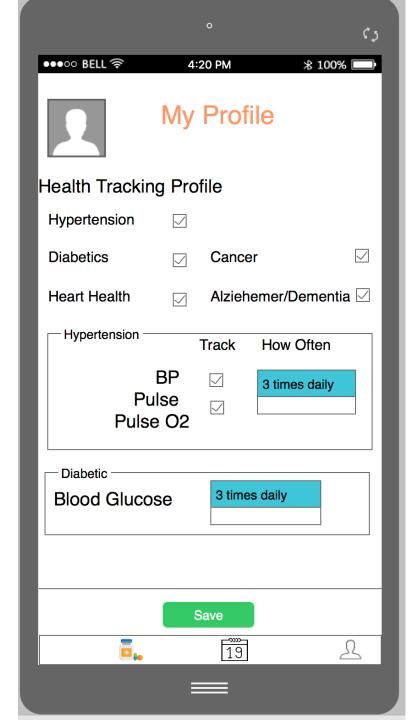
¢5

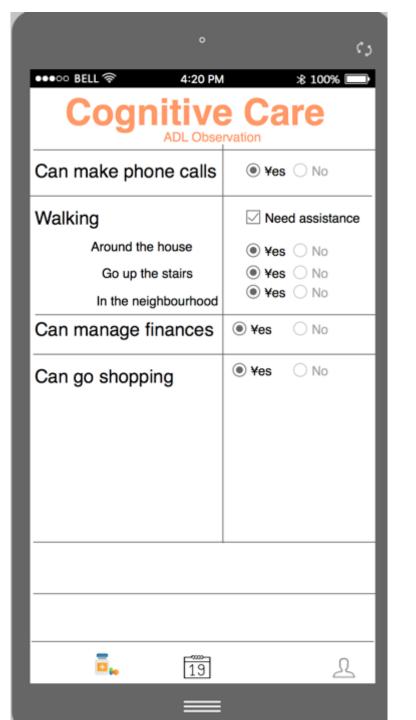


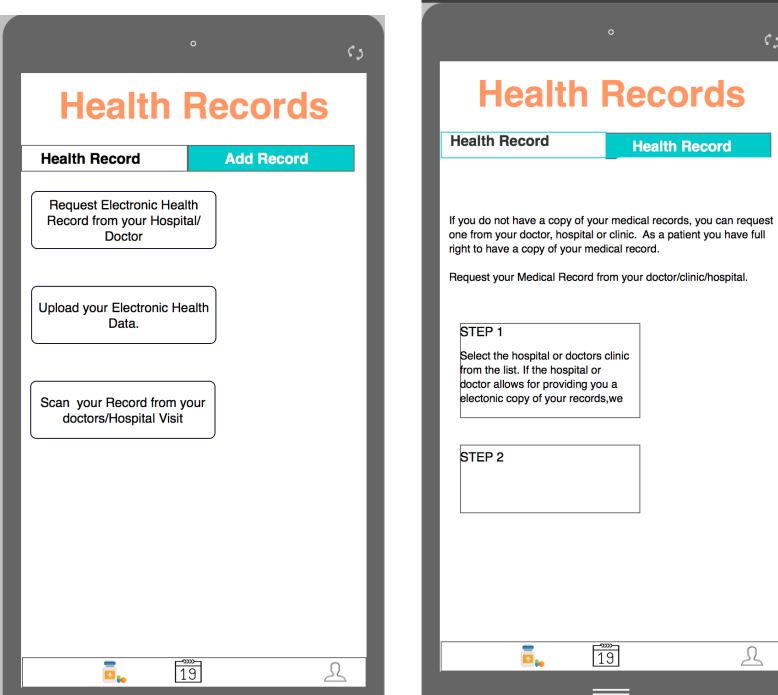












### **Health Records**

**Health Record** 

۲,5

**Add Record** 











## **Consent**

#### **All Health Information**

Everyone in my care circle



¢5

John Smith



Susan

#### **Daily Vitals**

Everyone in my care circle



John Smith Susan



**Home Care Notes** 

**Medical Records** 

Medication

## Calendar

۲,۶

# Legal