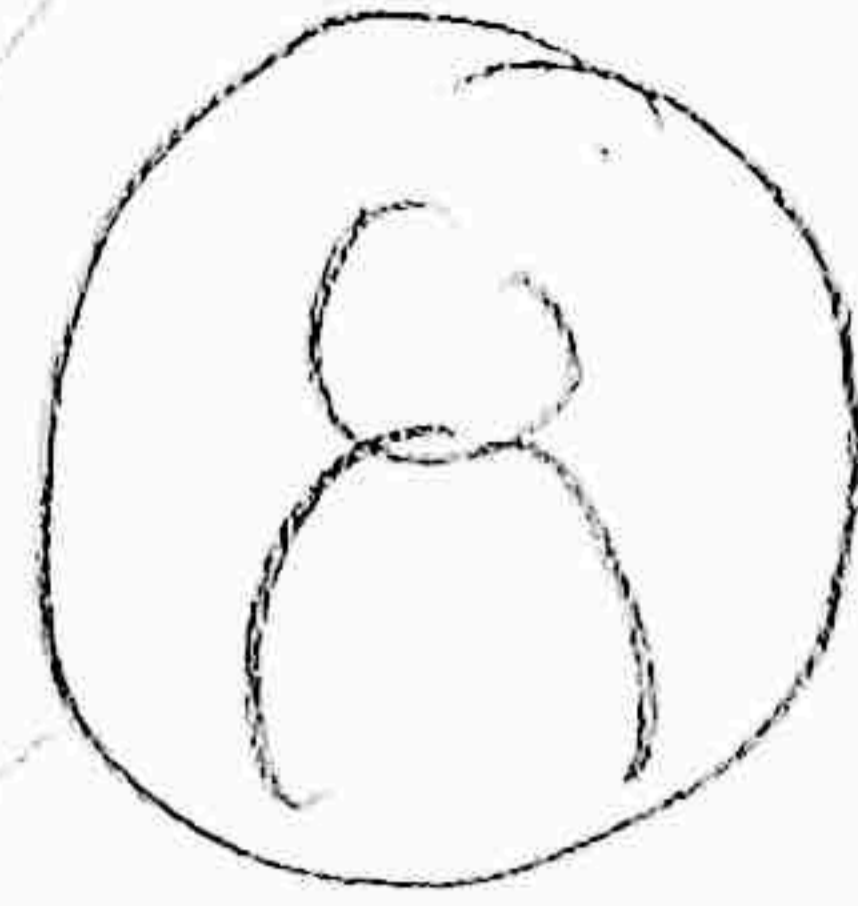


Sign In

Email

Password

Are you with



Name of Patient

 YES

NO

DEMOGRAPHICS

Name _____

Age _____

Birthdate _____

DEMOGRAPHICS

Medications

ICD

DME & Supplies

Safety Measures

 VERIFIED

I hereby acknowledge that _____ verified my identity on _____ visit.

SIGN

(P) Name, Age, Sex

Today's Tasks	Done
1. Guide patient w/ Range of motion exercises	<input type="checkbox"/> Add Notes
2. Give evening medication	<input type="checkbox"/> Add Note

GO TO CHART

🔍
☰
🏠
☰
➔

(P) Name, age, sex

Vital Signs

♥ rate _____

👃 breath _____

👁️ BP _____

Read via *Samsung watch*

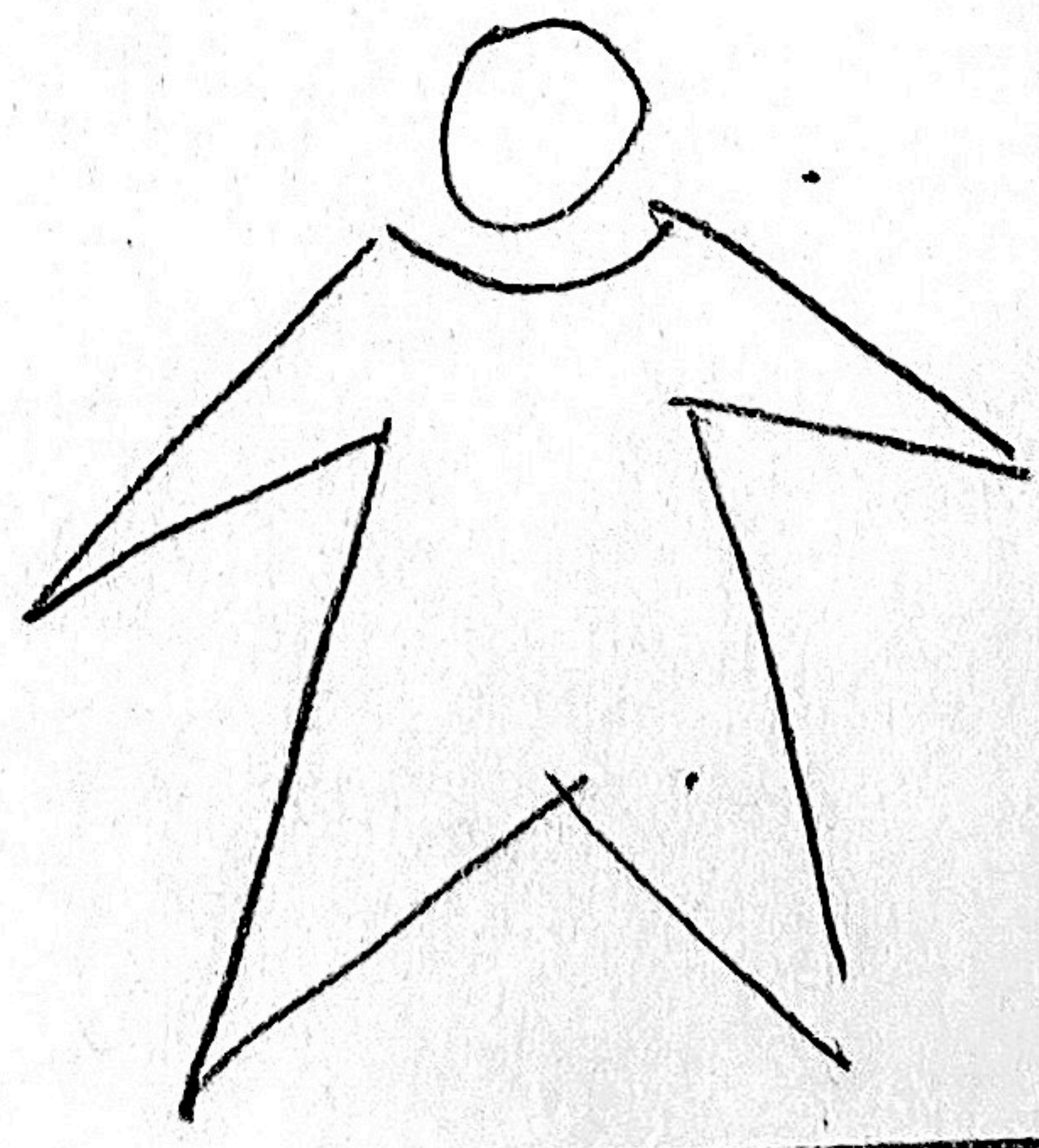
RECORD

Physical Assessment

Head	Eyes	Ears
Nose	Face	Mouth
Neck	Torso	Arms & hands
Back	Genitals	legs & feet

Physical Assessment

Front
Back



8

Day, Date Documentation

1. Vital signs taken. Normal.
2. Guided patient
3. Give evening medication
4. _____
5. _____

FINISH & RECAP W/
PATIENT

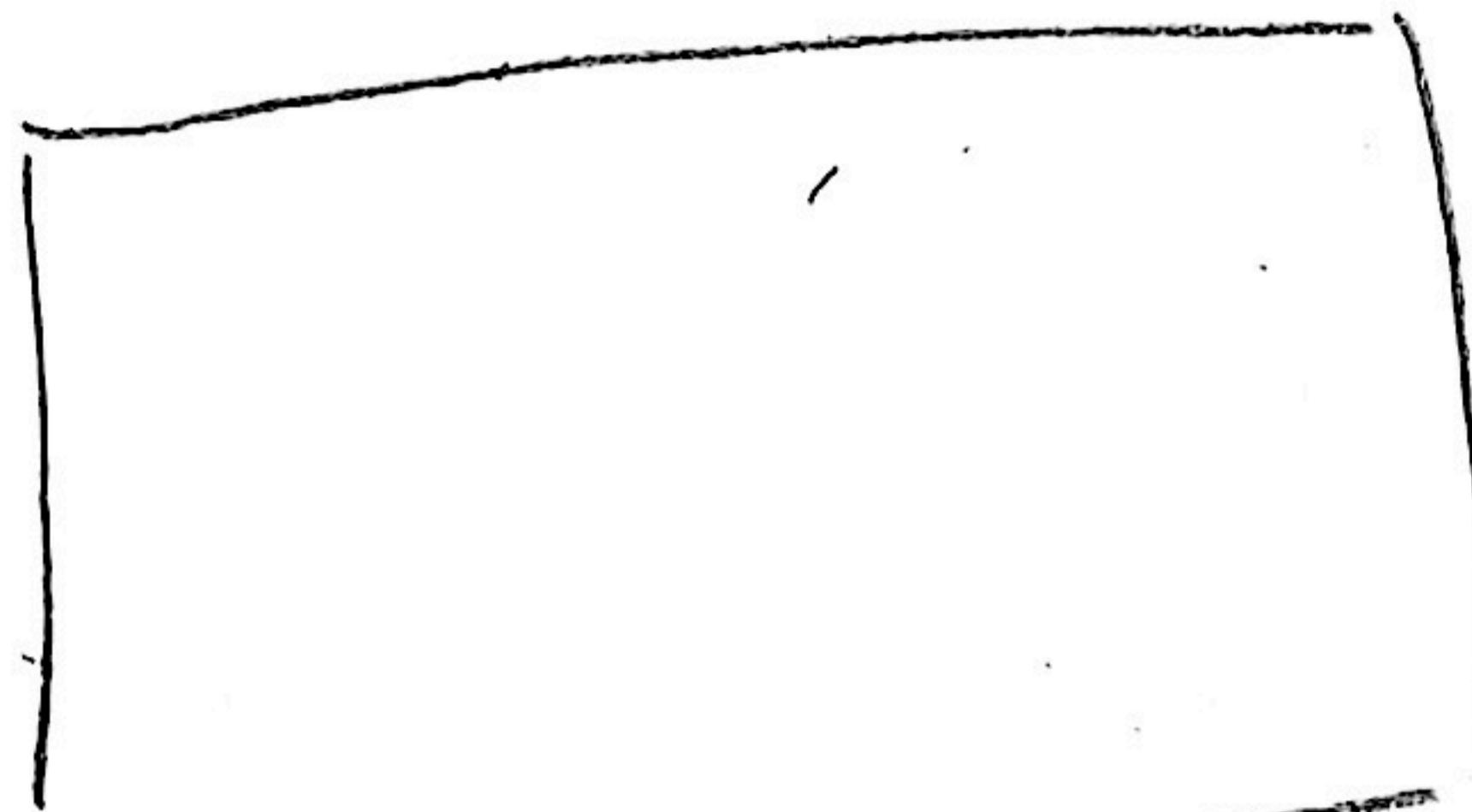


this could have dropdown
options too

8

I acknowledge that

performed all tasks
she had just discussed.



Sign

8

Time In:

Today's tasks:

- 1 _____
- 2 _____
- 3 _____

Notable observation

- 1 _____
- 2 _____

Time out

END VISIT

Today's Achievements:



- You've accomplished 90%
of your tasks today.
- Taken 10,000 steps.

Back to current patient

view next patient

8

Name, Age, Sex