



Health At Home

at **HealthCare**
HOME By St Johns



This is the **Home** Page

Powered By



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Home



Call



Televisit



Book



Records



Condition



Vital



Health At Home

at **HealthCare**
HOME By St Johns



You can access Multiple
Options in the bottom tray

(c) Ubicare Health Pvt. Ltd.-2018



Home



Call



Televisit



Book



Records



Condition



Vital

You can access
Additional Options
by clicking on the
side tray

at **HealthCare**
HOME By St Johns



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Urgent Phone call



Phone Call to Care Doctor

Click on **Call** to reach out to St. John's Information Desk



Home



Call



Televisit



Book



Records



Condition



Vital



Medical Records

Upload

No records found

Click on **Records** to upload any lab reports, X Ray reports or Prescriptions

Page : 1



Home



Call



Televisit



Book




Records



Condition




Vital

 Back


File Upload

Choose a document type

Choose a document type



Choose the type of document /
Report to upload

 Back

File Upload

Choose a document type

Choose a document type

Choose a document type

Allergy

Appointment

Doctor Visit

Health CheckUp

Hospital


Immunization

SCROLL
DOWN



Cancel

OK


Choose the appropriate
document / report to upload

[Back](#)

File Upload

Choose a document type

Choose a document type

Choose a document type

Hospital

Immunization

Insurance

Lab Report

Other form BBMP criteria

Prescription

Cancel

OK

Choose the appropriate document / report to upload

[Back](#)

File Upload

Choose a document type

Lab Report

Choose a document type

Hospital

Immunization

Insurance

Lab Report




Other form BBMP criteria

Prescription

Cancel

OK



Choose the appropriate document / report to upload and click **OK**

[< Back](#)

File Upload

Choose a document type

Lab Report



Select File

Click on **Select File** to choose the file from your device to upload

[< Back](#)

File Upload

Choose a document type

Lab Report



Select File

Photo Library



Take Photo



Browse



Click an appropriate location in
your device from where you
want to upload

[Back](#)

File Upload

Choose a document type

Lab Report



Select File



Click on **Upload File** to complete the record upload



Upload File



Health Condition Entry

Mild Moderate Severe

+ COVID Symptoms

Submit

Click on **Condition** to describe your Health Condition





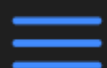
Health Condition Entry

Mild Moderate Severe

+ COVID Symptoms

Submit

Select on + to
view various
symptoms



Health Condition Entry

Mild Moderate Severe

— COVID Symptoms



Fever



X

Click here to
select a
symptom

Cough

X



Cold



X



Sore Throat



X



Breathing Difficulty



X



persistent Pain/pressure in the
chest



X



Home



Call



Televisit



Book



Records



Condition



Vital



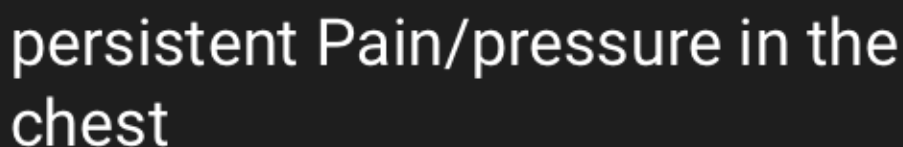
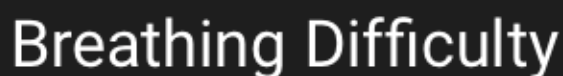
Mild Moderate Severe

— COVID Symptoms



X

X





Mild Moderate Severe

— COVID Symptoms

☒ Fever

☐ Cough

☐ Cold

☐ Sore Throat

☐ Breathing Difficulty

☐ persistent Pain/pressure in the chest

The score
appears here

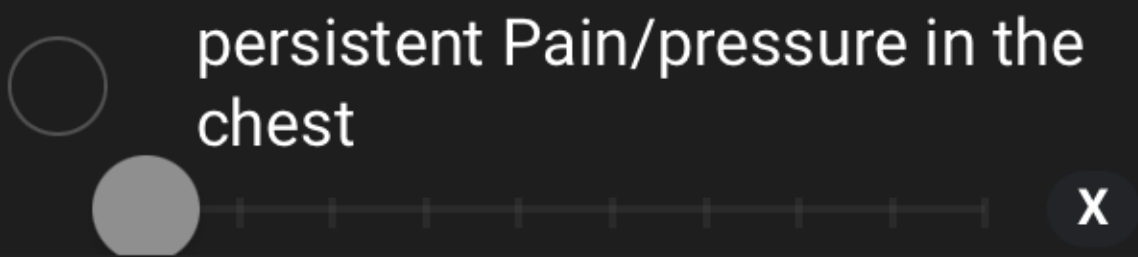
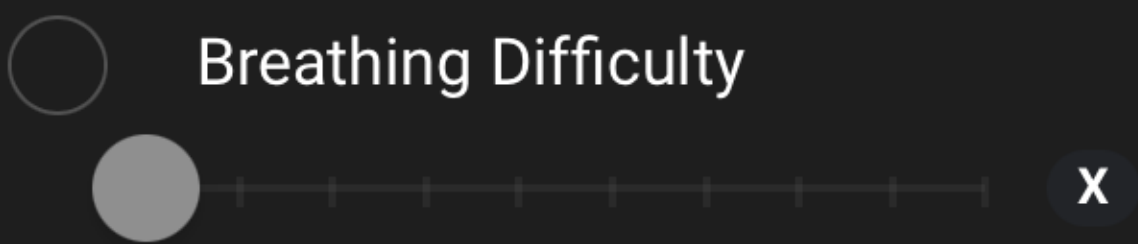
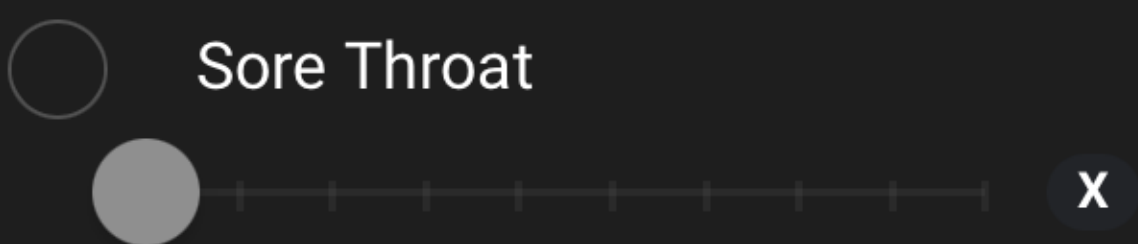
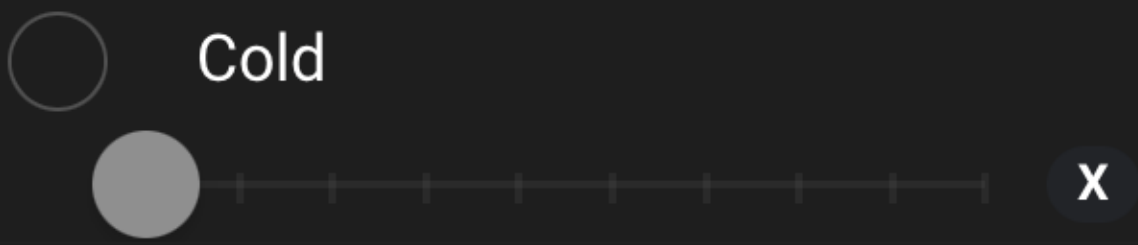
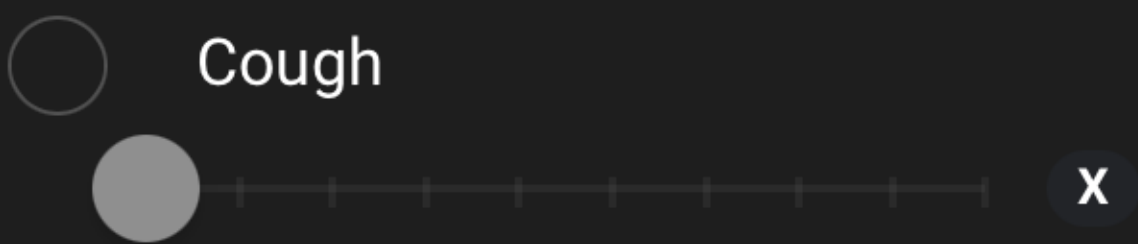
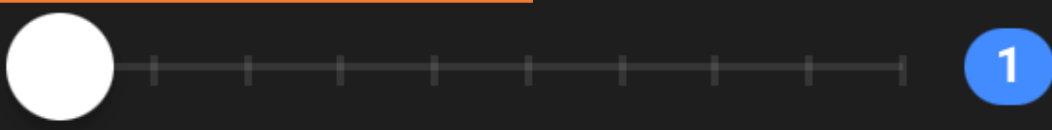


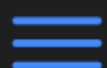
Health Condition Entry

Mild Moderate Severe

— COVID symptoms

Milder the symptoms,
lesser the score





Health Condition Entry

Mild Moderate **Severe**

COVID Symptoms



Fever



Severe the symptoms, higher the score



Cough



X



Cold



X



Sore Throat



X



Breathing Difficulty



X



persistent Pain/pressure in the chest



X



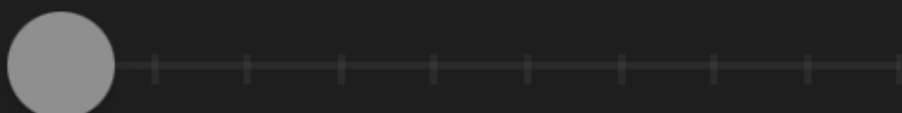
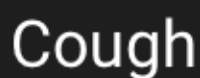
Mild Moderate Severe

— COVID Symptoms

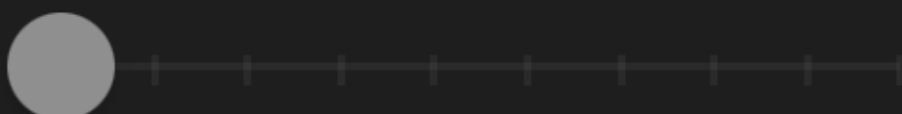
**SCROLL
DOWN**



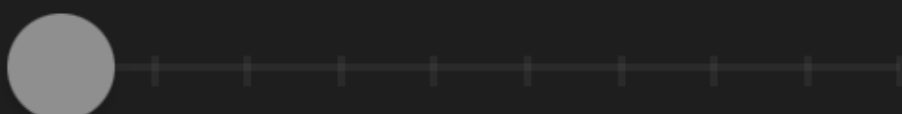
6



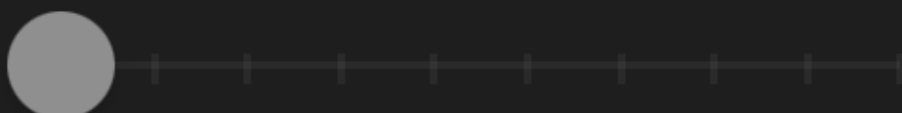
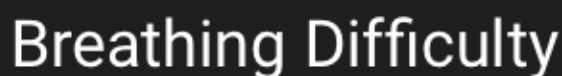
X



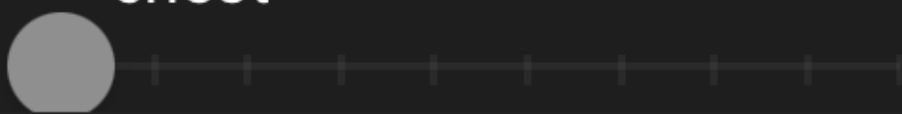
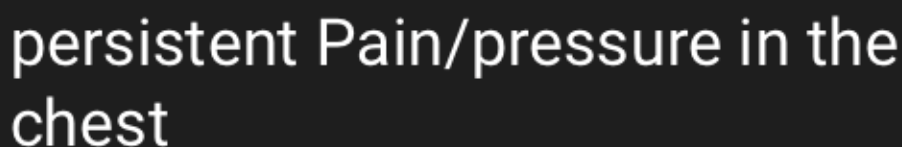
X



X



X



X



Vital



Health Condition Entry

☒ X

☐ persistent Pain/pressure in the chest ☒ X

☐ Mental Confusion or inability to arouse ☒ X

☐ Slurred Speech ☒ X

☐ Seizures ☒ X

☐ Weakness or numbness in any limb or face ☒ X

☐ X

☐ X

Once all the symptoms are entered, Scroll Down & click on **Submit**

Submit



Vital Entry

☐

Body Temperature

°F

°C

✓

in °F

☐

BP Systolic (mmHg)

in mmHg

☐

BP Diastolic (mmHg)

in mmHg

☐

Pulse Rate (bpm)

in bpm

☐

O2 Saturation (%)

in %

☐

Weight (Kg)

in Kg

☐

You can enter your **VITALS** here
and click on **Submit**



Submit