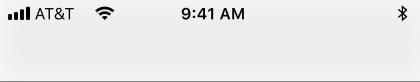


# **Florence**



# A Helping Hand for Your Helping Hands

Let's get started





Let me guide you through your first steps.

## BASIC INFORMATION

What is your name?



## MEDICAL CONDITIONS

Any medical conditions I should know about?

add condition



Next

#### DIETARY RESTRICTIONS

Any dietary restrictions?

add restrictions



Finish









One last step! Sign up to save your information securly.

email

password

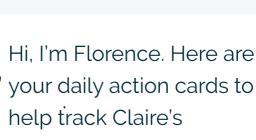
Sign up

Login





### Welcome, Chuck



symptoms and diet. Tap (+) at any time to add more information.

Got it, thanks!

Would you like reminders to track Claire's symptoms and diet?

Maybe later Yes, please!

#### TRACK SYMPTOMS

How is Claire feeling today?











Eg Claire was feeling tired today and did not want to go out for our usual walk.

Save

#### TRACK CALORIE INTAKE

What did Claire eat today?

