

APEX DATA FEATURE OVERVIEW

GETTING STARTED

Tapping on "Start" after opening the Apex Data application shows you all of your available screenings. You can tap on multiple screenings to queue them to be administered in succession.

Cancel	Select eSolutions	Start
*	CRAFFT 2.1 and Substances	2
•	Contact Information	
	Fatherhood Assessment	
•	GAD-7	4
:jh	Just Health	1
	PHQ-9	3
•	SBHC Student Survey	5
2	Tablet-based Sexual Health Application	
P	VIPRS/IVPIS	
0	ин и на на на 10 кој ток и на	

Screenings can be administered in either English or Spanish.

Selecciona	ar el idioma
English	Español

When multiple screenings are queued, demographic information is auto filled eliminating the need to re-enter name, date of birth, etc.

KBack	Just Health - Profile	Next Page
Name: Johnny 💿	Appleseed © Q	
Primary Care/School ID Number	Behavioral Health ID Number (if this number is different than PC ID)	
Grade Level (if in school) 7 - Seventh 8 - Eighth 9 - Ninth 10 - Tenth 11 - Eleventh 12 - Twelfth College		

FORMATTING OPTIONS

Any screening or provider review that asks for a signature can be signed directly on the iPad with your finger.

Back		Signature	Next Page
Primary Care	Signat	ure	
J .	C		
October November	29 30	2017 2018	
December	31	2019	
January	1	2020	
February	2	2021	
March	3	2022 2023	

Questions can also be set as required to answer.



Various answer styles are used to best fit the question, and large print is used for improved usability.

KBack	Just Hea	Next Page		
Have you ever had sex? (This includes oral, anal and vaginal sex) Yes No				
Are you thinking about havin oral, anal and vaginal sex)	ng sex? (This inclu	des Yes	No	Unsure
Do you want to talk about preventing pregnancy and STDs/STIs? Yes No				
Do you think you are attracted to:	Men	Women	Both	Unsure
Do you think you are attracted to: Please describe:	Men Please describe	Women	Both	Unsure
Do you think you are attracted to: Please describe:	Men Please describe	Women	Both	Unsure

IMMEDIATE FEEDBACK

The Just Health Alert Report provides a dashboard view of all of the questions and answers. Fields are color-coded to indicate the perceived risk in the response. All scores in the Alert Report are automatically calculated and presented in an easy to read format. You can see automated scoring on all standard screenings you will find in the Apex Data application.

Close	Alert	Report (Pers	son, Fake, A)			Û
	JUST HEALTH PATIENT REPORT					
Name: Fake A Person Date of Birth: 2/24/1991 Age: 28 Grade: 8 Gender: Male Sexual Orientation: Gay or Lesblan						
PCID Number: 123456789 BH ID Number: 987654321 Sex at Birth: Male Preferred Pronoun: He/Him/His						
Relationship Status: It's complicated Race: American Indian or Alaskan Native, Asian Hispanic/Latino(a): No						
Used in the last 12 Alcol	hol 🔶 Tobacc	co	Vape	Marijuana	a 🌒 Oth	er Drugs 🛛 🔴
CRAFFT			PHQ-9		GAD	-7
Negative Pre- Pre- Screen Screen F	Full CRAFFT		5-9 Mild	15-19 Moderately Severe		
Negative Positive CAR CAR		6	Depression	Depression	0-4 No	10-14 Moderate
SCORE	0 Low Risk		10-14 Moderate	20-27 Severe	Concern	Concern
4	1 Medium Risk		Depression	Depression	0	
	2- Moderate 6 to High Risk	Purposefully hurt themselves	Thought about ending life	Attempted suicide	5-9 Mild Concern	15-21 Severe Concern
		34				,
Check boxes to highlight responses: AUTO-SKIPPED IN UNANSWERED IN NO CONCERN IN NEEDS ATTENTION IN RISK FACTOR						

The Provider Review allows the provider to comment on each question; comments are displayed on the Alert Report next to the relevant section. The Provider Review also allows providers to enter any actions taken and sign indicating they reviewed the report. Providers are also given the option to indicate if they are Primary Care, or if they are Behavioral Health so it is easily seen on the report which provider reviewed the report.

Close	Alert Report (Person, Fake, A)	Û

Reviewer

Reviewer

Provider Actions			
No concerns	Yes		
Addressed home/school concerns	Yes		
Counseled on health behaviors	Yes		
Safety Concerns addressed	Yes		
Referred for medical care	Yes		
Already in therapy	Yes		
In-house therapy provided	Yes		
Referred for mental health	Yes		
Recommended therapy but refused	Yes		
Sexual health and behaviors addressed	Yes		
Substance use behaviors discussed	Yes		
Follow-up scheduled for concerns	Yes		

Signature of Primary Care Date 9/23/2019 **Reviewed with Patient** Х Signature of Behavioral Health Date 9/23/2019 х **Reviewed with Patient**