

A5 Report

BEHAVIORAL ASSESSMENT SCORECARD



APTIHEALTH MEDICAL
1785 US-9, CLIFTON PARK, NY 12065

Patient
Dixon, Kimberly

DOB
6/29/1999

Report date
2/12/2023

Referring provider
Jennifer Downy

J&K Health Associates
175 Harmony Road
Pleasanttown, NY 10176

Age, gender, pronouns
43, Female, She / her

Hispanic, Latino, or Spanish
No

Race
Multiracial

Sexual orientation
Prefer not to say

Marital status
Widowed

Current housing
Other

Past housing
**Someone Else's
Home, Rent House /
Apartment**

Current living
Child / Children

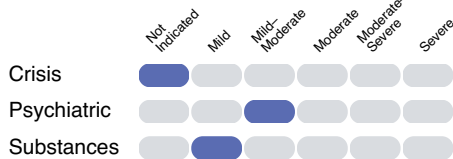
Current income
My Job

Working status
**Working more than
60 hours**

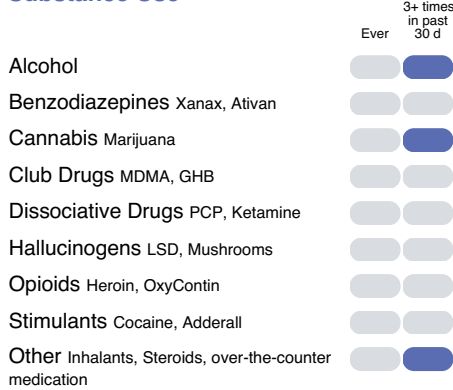
Education completed
**Graduated college or
trade school**

Military experience
**No military
experience**

Global Risk Severity



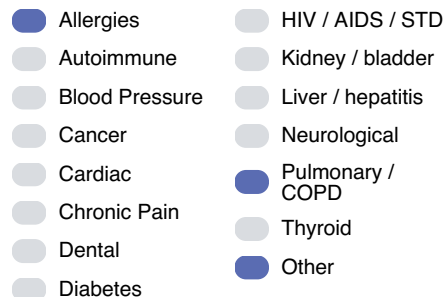
Substance Use



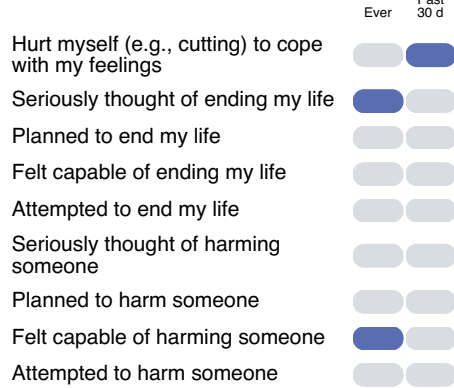
4+ Drinks in a Day



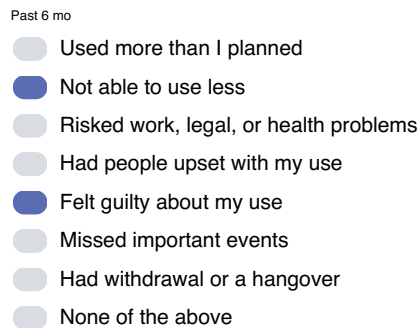
Medical Problems



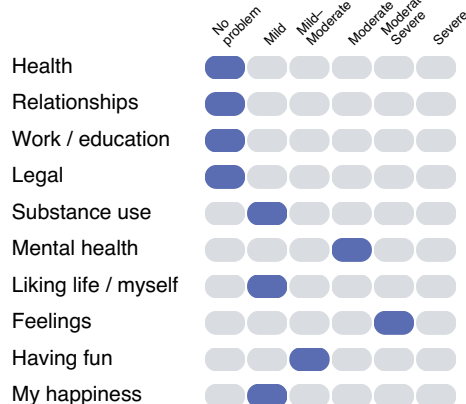
Crisis Risk



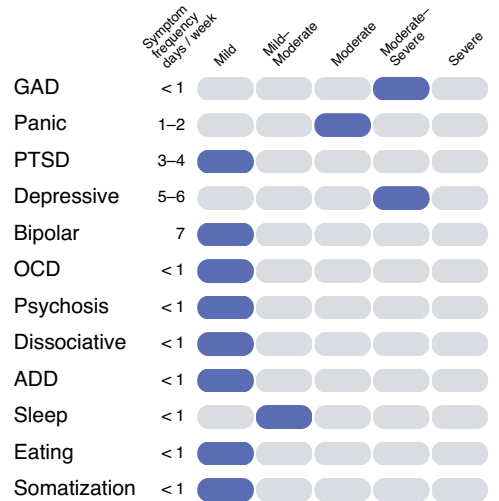
Substance Use Issues



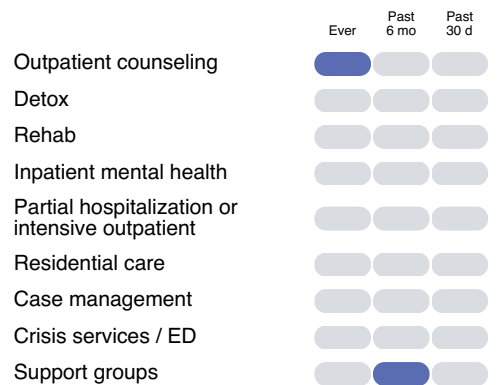
Life Problems



Psychiatric Disorders



Past Treatment



Past Psychiatric Medications

Antidepressants, Mood stabilizer

Current Psychiatric Medications

Focalin (Dexmethylphenidate), Vyvanse (Lisdexamphetamine)

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Generalized Anxiety Symptoms

- ☒ Fearful that bad things will happen
- ☒ Feeling edgy or jumpy
- ☒ Feeling very tense
- ☒ Losing focus on tasks because of worrying
- ☐ None of the above

Panic Symptoms

- ☒ Feeling my heart is pounding or unable to breathe
- ☐ Feeling sweaty, shaky, or dizzy
- ☒ Feeling chest pain or upset stomach
- ☐ Fearful of a heart attack, losing control or passing out / dying
- ☒ Feeling scared to have the above experiences
- ☐ None of the above

PTSD Symptoms

- ☒ Having memories or flashbacks of trauma
- ☐ Having upsetting dreams of trauma
- ☐ Avoiding places that remind me of the trauma
- ☐ Always being on alert or easily startled
- ☐ Blaming myself for the trauma
- ☐ None of the above

Bipolar Symptoms

- ☐ Having lots of energy while sleeping only a few hours or less
- ☐ Feeling I could talk or do things all day and night
- ☐ Having many ideas at once (e.g., racing thoughts)
- ☐ Doing risky things (e.g., overspending, speeding, or too much sex)
- ☐ Feeling people often make me very angry
- ☒ None of the above

Depressive Symptoms

- ☒ Feeling very sad, hopeless, or empty
- ☐ Having less interest or pleasure in things
- ☒ Feeling very tired or having no energy
- ☒ Feeling worthless or like a failure
- ☒ Eating too little or too much
- ☐ None of the above

OCD Symptoms

- ☒ Having distressing thoughts or urges often
- ☐ Having strong desire to do things to rid unwanted thoughts or urges
- ☐ Repeating acts such as hand washing, counting, or putting things in order
- ☐ Checking things over and over (e.g., locks and stoves)
- ☐ Often doing acts in a certain order to prevent bad things from happening
- ☐ None of the above

Psychotic Symptoms

- ☐ Seeing or hearing things that others do not see or hear
- ☒ Feeling not in control of my thoughts
- ☐ Feeling people know what I am thinking without telling them
- ☐ Feeling others wish me harm or follow me
- ☒ Spending a lot of time trying to stop bad thoughts
- ☐ None of the above

Dissociative Symptoms

- ☐ Briefly not recalling facts about myself like address, phone, birthday, etc.
- ☐ Feeling like my body or actions are not mine
- ☐ Feeling I have had gaps in time
- ☐ Feeling not part of the things
- ☐ Feeling like I or my life is not real
- ☒ None of the above

ADD Symptoms

- ☐ Being distracted often when I try to focus
- ☐ Tending not to finish tasks
- ☐ Tending to miss details or make careless mistakes
- ☐ Tending to do or say things without thinking
- ☐ Tending to be messy or not keep things in order
- ☒ None of the above

Sleep Disorder Symptoms

- ☐ Often sleeping too much or too little
- ☒ Having problems falling or staying asleep
- ☐ Waking up really early morning and not able to fall asleep again
- ☐ Often sleepy during the day with unplanned naps
- ☐ Sleep disturbed by my snoring, gasping, or sleep apnea
- ☐ None of the above

Eating Disorder Symptoms

- ☐ Feeling very fearful of being fat
- ☐ Feeling ashamed of eating binges
- ☐ Wanting to vomit after eating
- ☐ Too much dieting, exercising, or taking diet pills to lose weight
- ☐ Often thinking about food or how my body looks
- ☒ None of the above

Somatization Symptoms

- ☐ Spending much time worried about my health
- ☐ Being fearful of getting or being sick
- ☐ Feeling my health problem is worse than my doctor thinks
- ☐ Spending much time taking care of my health problems
- ☐ Wanting to avoid doctors not to get bad news
- ☒ None of the above

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SDoH Concerns

- ☐ Safety (e.g., any abuse or violence) with others or in neighborhood
- ☒ Having steady income
- ☐ Paying bills like rent, utilities, medications, etc.
- ☐ Getting doctors, medications, etc.
- ☐ Buying healthy foods
- ☐ Using transportation / getting to places
- ☐ Having a smartphone, computer, Wi-Fi, etc.
- ☐ Feeling racism
- ☐ Doing daily tasks
- ☐ None of the above

Activities of Daily Living Difficulties

- ☐ Cleaning my home
- ☐ Getting dressed
- ☐ Toileting
- ☐ Bathing
- ☐ Making meals
- ☐ Eating
- ☐ Getting up from sitting or lying down
- ☒ None of the above

Past Treatment Experience

- ☒ Unsure I needed treatment
- ☐ Missed treatment appointments
- ☐ Not completed treatment
- ☐ Refused treatment
- ☐ Mandated to treatment
- ☐ None of the above

Trauma

- ☒ Neglect
- ☐ Emotional abuse
- ☐ Physical abuse
- ☐ Sexual abuse
- ☐ Assault
- ☐ Rape
- ☐ None of the above

Limitations

- ☐ Seeing
- ☐ Hearing
- ☐ Moving (walking, sitting, getting up, etc.)
- ☐ Remembering
- ☐ Learning
- ☐ Reading
- ☐ Talking / having my needs understood
- ☐ Speaking English
- ☒ None of the above

Family History Problems

- ☒ Alcohol / drugs
- ☐ Physical health
- ☐ Mental health
- ☐ Legal
- ☒ Work
- ☐ Paying bills / making ends meet
- ☐ Relationships / getting along
- ☐ Abuse / violence
- ☐ No problems
- ☐ Do not know

Arrested

- ☐ Last 30 days
- ☐ 1–6 months
- ☐ 7–12 months
- ☐ >12 months ago
- ☒ Never

Readiness to Change

- ☒ Not at all
- ☐ Very little
- ☐ Somewhat
- ☐ Much
- ☐ Very Much

PHQ-9

Total score: **7**

Past 2 weeks

- Not at all Several days > 1/2 the days Nearly every day
- Little interest or pleasure in doing things ☒ ☐ ☐ ☐
 - Feeling down, depressed, or hopeless ☐ ☐ ☐ ☒
 - Trouble falling or staying asleep, or sleeping too much ☐ ☐ ☐ ☒
 - Feeling tired or having little energy ☐ ☒ ☐ ☐
 - Poor appetite or overeating ☒ ☐ ☐ ☐
 - Feeling bad about yourself — or that you are a failure or have let yourself or your family down ☒ ☐ ☐ ☐
 - Trouble concentrating on things, such as reading the newspaper or watching television ☒ ☐ ☐ ☐
 - Moving or speaking so slowly that other people could have noticed. Or so fidgety or restless that you have been moving a lot more than usual. ☒ ☐ ☐ ☐
 - Thoughts that you would be better off dead, or thoughts of hurting yourself in some way ☒ ☐ ☐ ☐

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