

**NORTH CAROLINA DIVISION OF  
STATE OPERATED HEALTHCARE FACILITIES**

**RJ Blackley ADATC  
Butner, North Carolina**

**R. J. Blackley-ADATC  
Clinical Screening Information**



R.J. Blackley-ADATC (RJB) is an alcohol and drug addiction treatment center. Below is a list of patient conditions requiring review by RJB Medical Staff. Further information may be requested to determine the ability of RJB to safely care for the patient.

- Where is the patient currently?
- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Department       | <input type="checkbox"/> Community Provider   |
| <input type="checkbox"/> Medical Inpatient Hospital | <input type="checkbox"/> Psychiatric Hospital |
| <input type="checkbox"/> Home                       | <input type="checkbox"/> Other _____          |

**Medical**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Diabetes Type 1 or Type 2  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hypertension (High Blood pressure)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chest pain at rest or shortness of breath  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any bleeding problem   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Numbness, weakness or paralysis of any part of the body  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recent hospitalization for any reason (within the past two weeks)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Head trauma that has not been evaluated appropriately  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Enlarged veins in the throat from alcoholism   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any actively contagious disease (varicella, Tb, measles, MRSA)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Urinary catheter   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ventilator dependence to breathe   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DTs (confusion, tremors, sweating, elevated blood pressure)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sickle cell disease  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Acute abdominal pain   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pregnancy  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Need for kidney dialysis   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Traveled to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone<br>or other countries where Ebola transmission has been reported) within past 21 days | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current fever  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current need for IV fluids or IV medications   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current need for physical therapy  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other pertinent: _____   |                              |                             |

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Signature of person providing the information                      Print Name                      Date

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Signature of RJB Provider reviewing information                      Print Name                      Date                      Time