

**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?       Emergency Department       Community Provider  
    Medical Inpatient Hospital       Psychiatric Hospital  
    Home       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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abnormal trouble breathing/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 (esophageal varices) from alcoholism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any actively contagious disease (chicken pox, 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 (e.g. confusion, tremors, sweating, elevated blood pressure/pulse)	<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
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
Pending medical outpatient appointments- list: _____	<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