

OPIOID RISK TOOL PATIENT FORM

Name: _____

Age: _____

		Mark Each Box That Applies	Score if Female	Score if Male
1. Family History of Substance Abuse	• Alcohol	✓	1	3
	• Illegal Drugs	✓	2	3
	• Prescription Drugs	✓	4	4
2. Personal History of Substance Abuse	• Alcohol	✓	3	3
	• Illegal Drugs	✓	4	4
	• Prescription Drugs	✓	5	5
3. Age (Mark Box if 16-45 years)		✓	1	1
4. History of Preadolescence Sexual Abuse		✓	3	0
5. Psychological Disease	• Attention- Deficit/Hyperactivity Disorder; Obsessive Compulsive Disorder; Bipolar Disorder; Schizophrenia	✓	2	2
	• Depression	✓	1	1

Total Score _____ **Risk Category** _____

Low Risk 0-3

Moderate Risk 4-7

High Risk >7