Opioid Risk Tool Form

Patient Name:			
Date:			
		Mark Each Box That Applies	
		Item Score If Female	Item Score If Male
Family History of Substance Abuse	• Alcohol • Illegal Drugs • Prescription Drugs	1 ☐ 2 ☐ 4 ☐	3 ☐ 3 ☐ 4 ☐
Personal History of Substance Abuse	• Alcohol • Illegal Drugs • Prescription Drugs	3 ☐ 4 ☐ 5 ☐	3 ☐ 4 ☐ 5 ☐
Age (Mark box if 16 – 45)		1 ☐	1 ☐
History of Preadolescent Sexual Abuse		3 ☐	0 ☐
Psychological Disease	• Attention Deficit Disorder, Obsessive Compulsive Disorder, Bipolar, Schizophrenia • Depression	2 ☐ 1 ☐	2 ☐ 1 ☐
Add the score for each column		✚	
Total Score (add your column scores) =			

Total Score	Risk Category
Low Risk	0 – 3
Moderate Risk	4 – 7
High Risk	> 7

_____ Patient's Initials