OPIOID RISK TOOL©

Patient Name: _____ **Female** ___ / **Male** ___ **Date:** _____

			clinical use only
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	❑	16 – 45	1/1 ____
4. History of Preadolescent Sexual Abuse	❑	Yes	3/0 ____
5. Psychological Disease	❑	Attention Deficit Disorder Obsessive Compulsive Disorder Bipolar Schizophrenia	2/2 ____
	❑	Depression	1/1 ____
			____