

Opioid Risk Tool / 2023

Patient (please Print Name) _____ **Date** _____ **Chart #** _____

Please check each box that applies

1. Family History of Substance Abuse ☐ Alcohol ☐ Illegal Drugs ☐ Prescription Drugs
2. Personal History of Substance Abuse ☐ Alcohol ☐ Illegal Drugs ☐ Prescription Drugs
3. Age (mark box if between 16-45) ☐
4. History of Preadolescent Sexual Abuse ☐
5. Psychological Disease ☐ Attention Deficit Disorder ☐ Obsessive Compulsive Disorder
 ☐ Bipolar ☐ Schizophrenia ☐ Depression