

Patient Name: _____

Date: _____

OPIOID RISK TOOL

Mark each box that applies	Female	Male
Family history of substance abuse to:		
Alcohol	1	3
Illegal drugs	2	3
Prescription drugs	4	4
Personal history of substance abuse to:		
Alcohol	3	3
Illegal drugs	4	4
Prescription drugs	5	5
Age between 16 to 45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disorder		
ADD, OCD, Bipolar, Schizophrenia	2	2
Depression	1	1
Scoring totals		

Low Risk 0 - 3

Moderate Risk 4 - 7

High Risk \geq 8