Opioid Risk Tool Patient Form

Mark each box that applies.

	Female	Male
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	☐	☐

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