

# Opioid Risk Tool

*Mark each box that applies.*

**1. Family History of Substance Abuse:**

	<b>Female</b>	<b>Male</b>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Illegal Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/>

**2. Personal History of Substance Abuse:**

Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Illegal Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/>

**3. Age (mark box if between 16-45)**

<input type="checkbox"/>	<input type="checkbox"/>
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**4. History of Preadolescent Sexual Abuse**

<input type="checkbox"/>	<input type="checkbox"/>
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**5. Psychological Disease**

Attention Deficit Disorder, Obsessive-Compulsive Disorder, Bipolar, Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>

Patient Name :

Date: