



TEXAS PAIN CENTERS
800 BONAVENTURE WAY, SUITE 119
SUGAR LAND, TX 77479
PHONE: 832-730-7246
FAX: 844-302-5696

Date: - _____

Patient Name: - _____

Opioid Risk Tool

Please answer ALL questions: -

Check each box that applies (leave box empty if it does not apply)

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 16-45) []

4. History of Preadolescent Sexual Abuse []

5. Psychological disease

- Bipolar, Schizophrenia Attention deficit disorder
Obsessive-compulsive disorder []
- Depression []