

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. 3. Age (Mark box if 16-45) [ ]

4. 4. History of Preadolescent Sexual Abuse [ ]

### 5. Psychological disease

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