

Opioid Risk Tool Clinician Form

(includes point values to determine scoring total)

Mark each box that applies.

	Female	Male
1. Family History of Substance Abuse:		
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 3
Illegal Drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Prescription Drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
2. Personal History of Substance Abuse:		
Alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Illegal Drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Prescription Drugs	<input type="checkbox"/> 5	<input type="checkbox"/> 5
3. Age (mark box if between 16-45)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
4. History of Preadolescent Sexual Abuse	<input type="checkbox"/> 3	<input type="checkbox"/> 0
5. Psychological Disease:		
Attention Deficit Disorder, Obsessive-Compulsive Disorder, Bipolar, Schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Scoring Totals: _____

Total Score Risk Category:

Low Risk: 1-3

Moderate Risk: 4-7

High Risk: ≥ 8