

# Opioid Risk Tool Clinician Form

(includes point values to determine scoring total)

Mark each box that applies.

	Female	Male
<b>1. Family History of Substance Abuse:</b>		
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
<b>2. Personal History of Substance Abuse:</b>		
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
<b>3. Age (mark box if between 16-45)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<b>4. History of Preadolescent Sexual Abuse</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 0
<b>5. Psychological Disease</b>		
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** \_\_\_\_\_