Opioid Risk Tool / 2022

**Patient (please Print Name) ____________________________ Date ______ Chart # _____**

Please check each box that applies

1. Family History of Substance Abuse
   - Alcohol
   - Illegal Drugs
   - Prescription

2. Personal History of Substance Abuse
   - Alcohol
   - Illegal Drugs
   - Prescription

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

4. History of Preadolescent Sexual Abuse
   - [ ]

5. Psychological Disease
   - Attention Deficit Disorder
   - Obsessive Compulsive Disorder
   - Bipolar
   - Schizophrenia
   - Depression