ADVANCED BONE & JOINT
*Live Your Life*

Date_____
Name_____
Date of Birth_____

# OPIOID RISK TOOL

| | | Mark each box Box that applies | Item Score If Female | Item Score If Male |
|---|---|---|---|---|
| 1. Family History of Substance Abuse | Alcohol | ❒ | 1 | 3 |
| | Illegal Drugs | ❒ | 2 | 3 |
| | Prescription Drugs | ❒ | 4 | 4 |
| 2. Personal History of Substance Abuse | Alcohol | ❒ | 3 | 3 |
| | Illegal Drugs | ❒ | 4 | 4 |
| | Prescription Drugs | ❒ | 5 | 5 |
| 3. Psychological Disease | Attention Deficit Disorder Obsessive Compulsive disorder Bipolar, Schizophrenia, Depression | ❒ | 2 | 2 |
| | | ❒ | 1 | 1 |
| *Age (Mark box if age is 16-45) | | ❒ | 1 | 1 |
| *Mark this box if none of the questions apply to you. | | ❒ | 0 | 0 |

(For staff only) TOTAL _____ _____

Total Score Risk Category
Low Risk 0-3
Moderate Risk 4-7
High Risk ≥ 8

Patient Signature_____