Do not write, stamp, punch holes or affix
a sticker in this area.
To reproduce, follow the printing instructions.
Do not fold this form.

Marking Instructions

Opioid Risk Tool

PLEASE PRINT PATIENT'S LAST NAME

Compatible Note form: CHI Opioid Risk Tool

Please use a # 2 pencil Fill in the complete oval as shown PATIENT'S FIRST NAME MIDDLE INITIAL PATIENT'S FIRST NAME Month		T'S DATE OF BIRTH Day Year
Mark each box that applies.		
Family History of Substance Abuse		
	Alcohol	
	Illegal Drugs	
	Prescription Drugs	
Personal History of Substance Abuse		
	Alcohol	
	Illegal Drugs	
	Prescription Drugs	
		_
Age		
	Are you between the ages of 16-45?	
History of Preadolescent Sexual Abuse		
	Have you experienced preadolescent sexual abuse?	
l		
Psychological Disease		
	Attention Deficit Disorder, Obsessive-Compulsive Disorder, Bipolar, Schizophrenia	
	Depression	

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction.

Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treaded patient: Preliminary validation of the Opioid Risk Tool.

Pain Med. 2550;6 (6): 432