

McLaren Flint
Pain Management Clinic

OPIOID RISK TOOL FORM

	YES	NO
1. Family History of Substance abuse:		
Alcohol		
Illegal drugs		
Prescription drugs		
2. Personal History of Substance abuse:		
Alcohol		
Illegal drugs		
Prescription drugs		
3. Are you between the ages 16-45?		
4. History of Preadolescent Sexual abuse?		
5. Psychological Disease:		
(Attention deficit disorder, obsessive compulsive disorder, bipolar, schizophrenia)		
Depression		

Scoring totals _____

Patient Name: _____ Date: _____



PT.

MR./P.M.

DR.