

Opioid Risk Tool (ORT)

Patient Form

Name _____

Date _____

Mark each box that applies		Female	Male
1. Family history of substance abuse	<ul style="list-style-type: none"> ■ Alcohol ■ Illegal drugs ■ Prescription drugs 	<p>[]</p> <p>[]</p> <p>[]</p>	<p>[]</p> <p>[]</p> <p>[]</p>
2. Personal history of substance abuse	<ul style="list-style-type: none"> ■ Alcohol ■ Illegal drugs ■ Prescription drugs 	<p>[]</p> <p>[]</p> <p>[]</p>	<p>[]</p> <p>[]</p> <p>[]</p>
3. Age (mark box if 16-45 years)		[]	[]
4. History of preadolescent sexual abuse		[]	[]
5. Psychological disease	<ul style="list-style-type: none"> ■ Attention-deficit/hyperactivity disorder, obsessive-compulsive disorder, bipolar disorder, schizophrenia ■ Depression 	<p>[]</p> <p>[]</p>	<p>[]</p> <p>[]</p>

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