



FEMALE

Patient Name: _____ Date of Birth: _____

YES NO Has the patient taken this or other opioid medications in the last 60 days?
 Examples: Duragesic® (fentanyl), Oxycontin® (oxycodone), Vicodin® (hydrocodone), morphine

Put a check in the box next to those items which apply to the patient.

Opioid Misuse Risk Assessment

	Yes	Score
Family history of substance abuse		
Alcohol		1
Illegal drugs		2
Prescription medication misuse		4
Personal history of substance abuse		
Alcohol		3
Illegal drugs		4
Prescription medication misuse		5
Age between 16 - 45 years		1
History of preadolescent sexual abuse		3
Psychological disease		
Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar		2
Depression		1

Total Score: _____

Circle the age the patient is in: 16-25 26-44 45-64 Greater than 64

Accidental Overdose Risk Assessment

Medical history: Circle all those which apply to the patient.

asthma depression anxiety COPD/emphysema sleep apnea liver disease kidney disease

While using this medication is there a chance the patient may consume any of the following?

- YES NO Medication used to treat anxiety
 Examples: Xanax® (alprazolam), Ativan® (lorazepam), Valium® (diazepam) Klonopin® (clonazepam)
- YES NO Medication used to treat depression
- YES NO Medication known as a muscle relaxer
 Examples: Flexeril® (cyclobenzaprine), Skelaxin® (metaxalone)
- YES NO Medication used to aid in sleep (prescription or over the counter)
- YES NO Cough or cold medication
- YES NO Alcohol
- YES NO Are you currently taking other opioid medications?

Examples: Duragesic (fentanyl), Oxycontin (oxycodone), Vicodin (hydrocodone), morphine

