



Patient Intake Form
 Patient Name: _____ Date of Birth: _____
 Circle patient's gender: MALE FEMALE

YES NO Have you 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.

	Yes
Family history of substance abuse	
Alcohol	
Illegal drugs	
Prescription medication misuse	
Personal history of substance abuse	
Alcohol	
Illegal drugs	
Prescription medication misuse A: (ORT > 7)	
Age between 16 - 45 years	
History of preadolescent sexual abuse	
Psychological disease	
Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia	
Depression	

Circle the age the patient is in: Less than 45 45-64 Greater than 64

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 **B: (Yes to any)**

YES NO Medication used to aid in sleep (prescription or over the counter)

YES NO Cough or cold medication

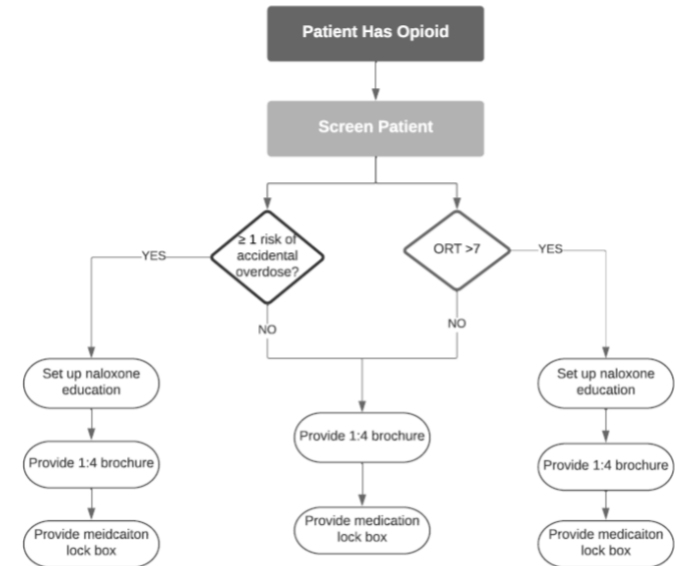
YES NO Alcohol

YES NO Are you currently taking other opioid medications?
 Examples: Duragesic (fentanyl), Oxycontin (oxycodone), Vicodin (hydrocodone), morphine

THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO REDCAP

Screen the patient

Determine risk of opioid misuse and/or overdose



Triage the patient

1:4 Brochure¹

Medication lock box¹

Naloxone education²

1: All patients with an opioid

2: Patients with an opioid and risk of misuse or overdose

Provide interventions based on risk

Outcomes Worksheet

Yes	No	Not screened	Today, patient was identified as at risk for accidental overdose based on current disease states, current medications, or age <i>If yes, this was discussed with the patient</i>
Yes	No	Not screened	Today, patient was identified with potential for opioid misuse <i>If yes, this was discussed with the patient</i>
Yes	No	Not indicated for this patient	The benefits of naloxone were explained
Yes	No	Not indicated for this patient	Naloxone education was scheduled for this patient
Yes	No	Not indicated for this patient	1 in 4 brochure was provided for this patient
Yes	No	Not indicated for this patient	Medication lock box was provided for this patient

Document outcomes