

Opioid Risk Tool (ORT)

Physician Form

With Item Values to Determine Risk Score

Name _____

Date _____

Mark each box that applies		Female	Male
1. Family history of substance abuse	<ul style="list-style-type: none"> <input type="checkbox"/> Alcohol <input type="checkbox"/> Illegal drugs <input type="checkbox"/> Prescription drugs 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2. Personal history of substance abuse	<ul style="list-style-type: none"> <input type="checkbox"/> Alcohol <input type="checkbox"/> Illegal drugs <input type="checkbox"/> Prescription drugs 	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
3. Age (mark box if 16-45 years)		<input type="checkbox"/> 1	<input type="checkbox"/> 1
4. History of preadolescent sexual abuse		<input type="checkbox"/> 3	<input type="checkbox"/> 0
5. Psychological disease	<ul style="list-style-type: none"> <input type="checkbox"/> Attention-deficit/hyperactivity disorder, obsessive-compulsive disorder, bipolar disorder, schizophrenia <input type="checkbox"/> Depression 	<input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 1
Low (0-3) Moderate (4-7) High (≥8)	Scoring totals	<input type="checkbox"/>	<input type="checkbox"/>