

# 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"> <li>■ Alcohol</li> <li>■ Illegal drugs</li> <li>■ Prescription drugs</li> </ul>	<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"> <li>■ Alcohol</li> <li>■ Illegal drugs</li> <li>■ Prescription drugs</li> </ul>	<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"> <li>■ Attention-deficit/hyperactivity disorder, obsessive-compulsive disorder, bipolar disorder, schizophrenia</li> <li>■ Depression</li> </ul>	<input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 1
<b>Low (0-3)    Moderate (4-7)    High (≥8)</b>	<b>Scoring totals</b>	<input type="checkbox"/>	<input type="checkbox"/>

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