

# Opioid Risk Tool Clinician Form

(includes point values to determine scoring total)

*Mark each box that applies.*

## 1. Family History of Substance Abuse:

Alcohol

1

3

Illegal Drugs

2

3

Prescription Drugs

4

4

## 2. Personal History of Substance Abuse:

Alcohol

3

3

Illegal Drugs

4

4

Prescription Drugs

5

5

## 3. Age (mark box if between 16-45)

1

1

## 4. History of Preadolescent Sexual Abuse

3

0

## 5. Psychological Disease

Attention Deficit Disorder,  
Obsessive-Compulsive Disorder,  
Bipolar, Schizophrenia

2

2

Depression

1

1

**Scoring Totals** \_\_\_\_\_

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**Not for WCB Claim File – Transfer Total Score to Initial Opioid Report**

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