

CLEARWATER PAIN MANAGEMENT

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Clearwater, FL 33756
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Opioid Risk Tool

Name: _____ DOB: _____ Date: _____

Please circle all that applies in the appropriate column.

Family history of substance abuse	Female	Male
Alcohol	1	3
Illegal Drugs	2	3
Rx drugs	4	4

Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5

Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1

Age between 16-45 years	1	1
History of preadolescent sexual abuse	3	0

Scoring Totals		
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If you have any questions or concerns, please discuss them with the MA when they call you back.

Thank you.