



Michael Moon, M.D.
Saiyun Hou, M.D., Ph.D.

Opioid Risk Tool

Mark each box that applies

Family History of Substance Abuse	
Alcohol	<input type="checkbox"/>
Illegal Drugs	<input type="checkbox"/>
Prescription Drugs	<input type="checkbox"/>
Personal History of Substance Abuse	
Alcohol	<input type="checkbox"/>
Illegal Drugs	<input type="checkbox"/>
Prescription Drugs	<input type="checkbox"/>
Age (Mark box if 16 – 45 years old)	<input type="checkbox"/>
History of Preadolescent Sexual Abuse	<input type="checkbox"/>
Psychological Disease	
Attention Deficit Disorder, Obsessive Compulsive Disorder, Bipolar, Schizophrenia	<input type="checkbox"/>
Depression	<input type="checkbox"/>

Name: _____ Date: _____

Signature: _____