



Opioid Risk Tool (ORT)

Please mark each box that applies. Only complete the column that refers to your gender.

			SCORE	
			Female	Male
1. Is there a Family History of Substance Abuse?	Alcohol	<input type="checkbox"/>	1	3
	Illegal Drugs	<input type="checkbox"/>	2	3
	Prescription Drugs	<input type="checkbox"/>	4	4
2. Is there a Personal History of Substance?	Alcohol	<input type="checkbox"/>	3	3
	Illegal Drugs	<input type="checkbox"/>	4	4
	Prescription Drugs	<input type="checkbox"/>	5	5
3. Is your Age between 16-45 years old?	Mark if 16-45	<input type="checkbox"/>	1	1
4. Is there a History of Preadolescent Sexual Abuse?	If YES mark	<input type="checkbox"/>	3	0
5. Is there a Personal History of Psychological Disease?	If "YES" to any of the following mark: Attention Deficit, Disorder, Obsessive Compulsive Disorder, Bipolar, Schizophrenia	<input type="checkbox"/>	2	2
	If "YES" to Depression	<input type="checkbox"/>	1	1
TOTAL				

Reference: Webster LR. Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. Pain Medicine. 2005;6(6):432-442.

Risk Category	Total Score
Low Risk	0 – 3
Moderate Risk	4 – 7
High Risk	> 8

Forms can be sent via email or fax

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Any Questions

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