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**OPIOID RISK TOOL (ORT)**

Please mark the correct column according to your **biological gender**. Example: If your family has had a history of alcohol abuse, and YOU are female, mark in the YES female column. If your family has not had a history of alcohol abuse, mark in the NO column.

**1. Has anyone in your family ever had a history of substance abuse?**

	YES (Female)	YES (Male)	NO (M+F)
Alcohol	1	3	0
Illegal Drugs	2	3	0
Prescription Drugs	4	4	0

**2. Have you ever had a personal history of substance abuse?**

	YES (Female)	YES (Male)	NO (M+F)
Alcohol	3	3	0
Illegal Drugs	4	4	0
Prescriptions Drugs	5	5	0

**3. Have you had a history of preadolescent sexual abuse?**

	YES (Female)	YES (Male)	NO (M+F)
Mark Your Answer	3	0	0

**4. Have you ever been diagnosed with Attention Deficit Disorder, Obsessive Compulsive Disorder, Bipolar, or Schizophrenia?**

	YES (Female)	YES (Male)	NO (M+F)
Mark Your Answer	2	2	0

**5. Have you ever been diagnosed with Depression?**

	YES (Female)	YES (Male)	NO (M+F)
Mark Your Answer	1	1	0

**6. Please total your answers. Please note that you should have only used the Female or Male column, dependent on YOUR sex:**

Total: \_\_\_\_\_

7. Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

8. I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date