



Patient Intake Form

Patient Name: _____ Date of Birth: _____

Circle patient's gender: MALE FEMALE

YES NO Has the patient taken this or other opioid medications in the last 60 days?

Examples: Duragesic® (fentanyl), Oxycontin® (oxycodone), Vicodin® (hydrocodone), morphine

Put a check in the box next to those items which apply to the patient.

Opioid Misuse Risk Assessment

	Yes
Family history of substance abuse	
Alcohol	
Illegal drugs	
Prescription medication misuse	
Personal history of substance abuse	
Alcohol	
Illegal drugs	
Prescription medication misuse	
Age between 16 - 45 years	
History of preadolescent sexual abuse	
Psychological disease	
Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia	
Depression	

Accidental Overdose Risk Assessment

Circle the age the patient is in: Less than 45 45-64 Greater than 64

Medical history: Circle all those which apply to the patient.

asthma depression anxiety COPD/emphysema sleep apnea liver disease kidney disease

While using this medication is there a chance the patient may consume any of the following?

YES NO Medication used to treat anxiety

Examples: Xanax® (alprazolam), Ativan® (lorazepam), Valium® (diazepam) Klonopin® (clonazepam)

YES NO Medication used to treat depression

YES NO Medication known as a muscle relaxer

Examples: Flexeril® (cyclobenzaprine), Skelaxin® (metaxalone)

YES NO Medication used to aid in sleep (prescription or over the counter)

YES NO Cough or cold medication

YES NO Alcohol

YES NO Are you currently taking other opioid medications?

Examples: Duragesic (fentanyl), Oxycontin (oxycodone), Vicodin (hydrocodone), morphine

THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO REDCAP