



Opioid and Naloxone Education

FEMALE

Patient Name: _____

Date of Birth: _____

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

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

Opioid Misuse Risk Assessment

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

	Yes	Score
Family history of substance abuse		
Alcohol		1
Illegal drugs		2
Prescription medication misuse		4
Personal history of substance abuse		
Alcohol		3
Illegal drugs		4
Prescription medication misuse		5
Age between 16 - 45 years		1
History of preadolescent sexual abuse		3
Psychological disease		
Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia		2
Depression		1

Total Score: _____

Accidental Overdose Risk Assessment

Circle the age the patient is in: 16-25 26-44 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

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: Flexeril[®] (cyclobenzaprine), Skelaxin[®] (metaxalone)

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

