



ONE Program Patient Intake Form

Patient Name: _____ Date of Birth: _____

Circle patient's birth 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

		Yes	No
Opioid Misuse Risk Assessment	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: <i>attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia</i>		
Depression			
Accidental Overdose Risk Assessment	<p>Circle the age the patient is in: Less than 45 45-64 Greater than 64</p> <p>Medical history: Circle all those which apply to the patient. asthma depression anxiety COPD/emphysema sleep apnea liver disease kidney disease</p> <p>While using this medication is there a chance the patient may consume any of the following?</p> <p>YES NO Medication used to treat anxiety Examples: Xanax[®] (alprazolam), Ativan[®] (lorazepam), Valium[®] (diazepam) Klonopin[®] (clonazepam)</p> <p>YES NO Medication used to treat depression</p> <p>YES NO Medication known as a muscle relaxer Examples: Flexeril[®] (cyclobenzaprine), Skelaxin[®] (metaxalone)</p> <p>YES NO Medication used to aid in sleep (prescription or over the counter)</p> <p>YES NO Cough or cold medication</p> <p>YES NO Alcohol</p> <p>YES NO Are you currently taking other opioid medications? Examples: Duragesic (fentanyl), Oxycontin (oxycodone), Vicodin (hydrocodone), morphine</p>		



ONE Program Outcomes Worksheet

Yes	No		Today, patient was identified as at risk for accidental overdose based on current disease states, current medications, or age
Yes	No		Today, patient was identified with potential for opioid misuse <i>If yes, this was discussed with the patient</i>
Yes	No		Medication take-back program was introduced to the patient
Yes	Patient declined	Not indicated for this patient	The opioid prescription was partially filled
Yes	No	Not indicated for this patient	Opioid use disorder was explained to the patient
Yes	No	Not indicated for this patient	Community support/treatment services information was discussed with the patient
Yes	No	Not indicated for this patient	The benefits of naloxone were explained
Yes	No	Not indicated for this patient	Pharmacist identified the patient needs naloxone
Yes	No	Not indicated for this patient	Patient accepted naloxone to take home (dispensed naloxone)
Yes	No	Not indicated for this patient	The prescriber of the opioid medication was contacted <i>If yes, what was changed?</i> <i>medication strength directions quantity nothing</i> <i>medication was discontinued and changed to non-opioid</i> <i>alternative</i>
			How many minutes did the pharmacist spend with the patient? _____ minutes