



## ONE Program Patient Intake Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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*

Opioid Misuse Risk Assessment	<b>Family history of substance abuse</b>		
	Alcohol	<b>Yes</b>	<b>No</b>
	Illegal drugs	<b>Yes</b>	<b>No</b>
	Prescription medications	<b>Yes</b>	<b>No</b>
	<b>Personal history of substance abuse</b>		
	Alcohol	<b>Yes</b>	<b>No</b>
	Illegal drugs	<b>Yes</b>	<b>No</b>
	Prescription medications	<b>Yes</b>	<b>No</b>
	<b>Age between 16 - 45 years</b>	<b>Yes</b>	<b>No</b>
	<b>History of preadolescent sexual abuse</b>	<b>Yes</b>	<b>No</b>
<b>Psychological disease</b>			
Attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia	<b>Yes</b>	<b>No</b>	
Depression	<b>Yes</b>	<b>No</b>	
Accidental Overdose Risk Assessment	<p><b>Medical history: Circle all those which apply:</b></p> <p>COPD/emphysema    sleep apnea    liver disease    kidney disease</p>		
	<p><b>While using this medication is there a chance the patient may consume any of the following?</b></p>		
	<p><b>YES NO</b> Medication used to treat anxiety called a benzodiazepine  <i>Examples: Xanax® (alprazolam), Ativan® (lorazepam), Valium® (diazepam) Klonopin® (clonazepam)</i></p>		
	<p><b>YES NO</b> Medication used to treat nerve pain  <i>Examples: Neurontin® (gabapentin), Lyrica® (pregabalin)</i></p>		
	<p><b>YES NO</b> Medication known as a muscle relaxer  <i>Examples: Flexeril® (cyclobenzaprine), Skelaxin® (metaxalone), Soma® (carisoprodol)</i></p>		
	<p><b>YES NO</b> Medication used to aid in sleep (prescription or over the counter)</p>		
	<p><b>YES NO</b> Alcohol</p>		
<p><b>YES NO</b> Currently taking other opioid medication(s)  <i>Examples: Duragesic (fentanyl), Oxycontin (oxycodone), Vicodin (hydrocodone), morphine</i></p>			



## ONE Program Outcomes Worksheet

Yes	No		<b>OPIOID MISUSE RISK ASSESSMENT</b> Today, the patient was identified at high risk for future opioid misuse (ORT $\geq$ 7) <i>If yes, the risk of opioid misuse was discussed with the patient\</i>
Yes	No		<b>ACCIDENTAL OVERDOSE RISK ASSESSMENT</b> Today, the patient was identified as at risk for accidental overdose based on current disease states or current medications
Yes	No		A 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
Yes	No		Pharmacist identified the patient is using multiple providers for opioid prescriptions, and patient was provided consultation regarding overdose-risk in individuals that use multiple providers for opioid medications.