



Interventional Pain Medicine
for Spine & Chronic Pain Care
Board Certified • Fellowship Trained
www.painreliefofdayton.com

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OPIOID RISK TOOL (ORT)

PATIENT NAME: _____ DOB: _____ DATE: _____

		Mark each box that applies	Item score if Female	Item score if Male
1. Family History of Substance Abuse	Alcohol	[]	1	3
	Illegal Drugs	[]	2	3
	Prescription Drugs	[]	4	4
2. Personal History of Substance Abuse	Alcohol	[]	3	3
	Illegal Drugs	[]	4	4
	Prescription Drugs	[]	5	5
3. Age (mark box if 16-45)		[]	1	1
4. History of Preadolescent Sexual Abuse		[]	3	0
5. Psychological Disease	Attention Deficit, OCD. Bipolar, Schizophrenia,	[]	2	2
	Depression	[]	1	1

TOTAL

Total Score Risk Category

Low Risk 0-3

Moderate Risk 4-7

High Risk >8