

ONE Program 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

		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: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia		
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.</p> <p>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>		