

WCB Claim # Mandatory	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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This form must be completed and submitted in order for any subsequent Special Authorization requests for opioid medication for this patient to be processed.

Please complete **all** sections clearly and with detail to allow your request to be processed without delay.

Use additional pages if necessary. This form must be completed by the prescriber and **submitted to Medavie Blue Cross [Fax (902) 496-5819]**.

Worker Information			
Last Name	First Name	Initial	DOB DD/MM/YYYY
Street	City	Postal Code	HCN

Worker's response(s) to the following questions

1. If applicable, has your use of prescription drugs, illicit drugs, or alcohol ever caused a problem for you or those close to you? Yes No
If yes, please explain:

2. Opioid Risk Tool[®]
Please complete and score the Opioid Risk Tool[®] for your patient. The tool is on Page 2. Please record the score in the box below.

Opioid Risk Tool [®] —Total Score	<input type="text"/>	Total Risk Category:	Low Risk	0-3
			Moderate Risk	4-7
			High Risk	8 and above

Transferred from the attached worksheet

If your patient is a moderate or high risk, outline below the actions and measures that will be in place to protect against misuse/abuse/diversion (e.g. shorter dispensing intervals, witnessed dosing, surprise pill counts):

Do you have any additional information which may relate to this issue? Yes (elaborate below) No

Prescriber's name, address and fax/phone number Phone number _____ Fax number _____ License # _____ Mandatory	Prescriber's signature _____ Date _____ DD/MM/YYYY
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Physicians: use MSI fee code **WCB25**. Other prescribers: invoice WCB directly

May 2015 V.1

Please return completed form to Medavie Blue Cross or by fax to (902) 496-5819

PO Box 2200
Halifax, NS B3J 3C6

**Substance Abuse Assessment Form
Workers' Compensation Board of Nova Scotia**

WCB Claim # Mandatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Worksheet for office use only-**do not** fax or email this page.

Opioid Risk Tool ©

Item	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 Disorder, Obsessive-Compulsive Disorder, or Bipolar, Schizophrenia	[]	2	2
Depression	[]	1	1
Total		_____	_____
Total Score Risk Category: Low Risk: 0 to 3 Moderate Risk: 4 to 7 High Risk: 8 and above			

Reference:

Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk tool. Pain Med. 2005; 6(6) :432.

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Transfer "Total Score" to page one