



CARIES RISK ASSESSMENT FORM – CHILDREN AGED 0 TO 5 YEARS

Patient Name: _____ Age: _____

Instructions: **Circle the answers that apply**

FACTORS	HIGH	MODERATE	LOW
1. Caries Risk Indicators			
Mother/Caregiver active caries	yes		no
Low Socio-economic	yes		no
2. Dental Conditions			
Visible cavitations	yes		no
Cavity in last two years	yes		no
Obvious white spot lesions	yes		no
Obvious plaque on teeth		yes	no
Gingiva bleeds easily		yes	no
Inadequate saliva flow		yes	no
Appliances present	yes		no
No dental home/episodic care	yes		no
3. Medical History			
Developmental problems	yes		no
Medication for asthma	yes		no
Medication for hyperactivity	yes		no
Cancer treatment	yes		no
4. Dietary Habits			
Continuous bottle use not H ₂ O	yes		no
Sleeps with bottle	yes		no
Nurses on demand	yes		no
Frequent snack >3 per day	yes	1-3 times	no
5. Protective Factors			
Fluoridated water	no		yes
Fluoridated toothpaste	no		yes
Adequate saliva flow	no		yes
Mother/Caregiver no caries	no		yes
Mother/Caregiver uses Xylitol		no	yes
Regular dental care	no		yes
6. Laboratory Tests			
CariScreen	recommended	results	
CariCult	recommended	results	

*If visible cavitation is present CariCult test is recommended

CARIES RISK ASSESSMENT **HIGH** **MODERATE** **LOW**

PROGNOSIS **POOR** **MODERATE** **GOOD**

As the caregiver of the patient above, I have been given the recommendation to have a CARICULT to determine bacterial counts as a part of the overall caries risk assessment. I understand the risks and benefits of the test and I decline, releasing my dentist(s) of any liability associated with declining the test.

Release signature _____

Date _____