

Changing the Standard of Care

CARIES RISK ASSESSMENT FORM - ADULTS/CHILDREN AGED 6 AND OVER

Patient Name:	Age:
Instructions: Circle the answers that apply:	

FACTORS	HIGH	MODERATE	LOW
1. Local Factors			
Plaque/Calculus	generalized	localized	minimal/none
2. Dental Conditions			
*Visible cavitations	yes		no
Cavity in last 3 years	yes		no
Inadequate saliva flow	yes		no
Exposed roots		yes	no
Deep pits/fissure		yes	no
Radiographic lesions		yes	no
White spot lesions		yes	no
Appliances present	yes		no
3. Medical History			
GERD	yes		no
Sjogren's syndrome	yes		no
Hyposalivary meds	yes		no
Radiation Therapy	yes		no
4. Dietary Habits			
Snacks between meals	>3 times	1-3 times	infrequent
Regular Soda	yes	infrequent	no
5. Environmental			
Recreational drugs	yes		no
6. Protective Factors			
Fluoridated water	no		yes
Fluoridated toothpaste	no		yes
Adequate saliva flow	no		yes
Fluoride mouthrinse		no	yes
Xylitol gum/mints		no	yes
CariStat rinse		no	yes
Other Rx rinse		no	yes
7. Laboratory Tests			
CariScreen	recommended	results	
CariCult	recommended	results	

^{*}If visible cavitation is present CariCult test is recommended

CARIES RISK ASSESSMENT	HIGH	MODERATE	LOW
PROGNOSIS I have been given the recommendation to have a caries risk assessment. I understand the risks and			
liability associated with declining the test. Release signature		Date	