

Caries Risk Assessment Form

Children Under Age 5

Patient Name: _____ Date: _____

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 H2O	yes		no
	Sleeps with bottle	yes		no
	Nurses on demand	yes		no
	Frequent snack	> 3 times	1-3 times	infrequent
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			
	Screening	3500 – 9999	1500 – 3500	0 – 1500
	Culture	high	moderate	low
	CARIES RISK ASSESSMENT	HIGH	MODERATE	LOW
	PROGNOSIS	POOR	FAIR	GOOD

I have been given the recommendation to have a CariScreen and/or CariCult bacterial test to determine my bacterial counts as a part of my 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: _____

**Based on the clinically proven Caries Risk Assessment Form in the Featherstone 2003-2005 study.*