

Caries Risk Assessment Form

Adults/Children Over Age 6

Patient Name: _____ Date: _____

Instructions: Circle the answers that apply.

FACTORS	HIGH	MODERATE	LOW
1 DISEASE FACTORS			
Visible cavitations	yes		no
Cavity in last three years	yes		no
Radiographic lesions	yes		no
White spot lesions	yes		no
2 RISK FACTORS			
Inadequate saliva flow		yes	no
Appliances present		yes	no
Deep pits/fissure	yes	no	
Exposed roots	yes	no	
GERD	yes		no
Sjogren's syndrome	yes		no
Hyposalivary meds	yes		no
Radiation therapy	yes		no
Snacks between meals	> 3 times	1-3 times	infrequent
Regular soda	yes	infrequent	no
Recreational drugs	yes		no
3 PROTECTIVE FACTORS			
Fluoridated water	no		yes
Fluoridated toothpaste	no		yes
Adequate saliva flow	no		yes
Fluoride mouth rinse		no	yes
Xylitol gum/mints		no	yes
CariFree rinse	no	yes	
Other Rx rinse	no	yes	
4 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.*