

Caries Risk Assessment Form

Adults/Children Over Age 6

Patient Name: _____

Date: _____

Instructions: Check all answers that apply.

If **1 or more Disease Indicators** or **2 or more Risk Factors** are circled, then this patient is at risk and therapeutic intervention is recommended.

1

ASSESS

DISEASE INDICATORS

AT RISK

LOW RISK

Visible Cavitations	yes	no
Radiographic Lesions	yes	no
White Spot Lesions	yes	no
Cavity in Last 3 Years	yes	no

RISK FACTORS

Visible Plaque	yes	no
Inadequate Saliva Flow	yes	no
Hyposalivary Medications	yes	no
Acidic Beverages	yes	no
Frequent Snacking (1-3 times daily)	yes	no
Appliances Present	yes	no
Deep Pits and Fissures	yes	no
Other	yes	no

TESTING

CariScreen	9,999 – 1,501	1,500 – 0
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2

DIAGNOSE

Risk Assessment	AT RISK	LOW RISK
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3

PRESCRIBE

Treatment Kit

Prevention Kit

Starter Kit

I understand my risk for caries based on this assessment, as well as the benefits of the recommendations for therapeutic intervention.

Release Signature: _____

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

* Caries risk criteria as defined by the American Dental Association Council on Scientific Affairs, JADA August 2006.