

Caries Risk Assessment (Age > 6)

Patient Name _____ Score _____

Birthdate _____ Date _____

Indicate 0, 1 or 10 in the last column for each risk factor. If the risk factor was not determined or is not applicable, enter 0 in the patient risk factor column.

		Low Risk (0)	Moderate Risk (1)	High Risk (10)	Patient Risk
Contributing Conditions					
I.	Do you have fluoride exposure (through drinking water, supplements, etc.)?	yes	no		
II.	Do you consume sugary or starchy foods (dried fruits, chips, crackers)?	mealtime only	occasionally between meals	frequently between meals	
III.	Has your mother, caregiver and/or siblings had cavities (for patients 6-14)?	no	last 1-2 years	last 6 months	
IV.	Do you have regular dental exams?	yes	no		
V.	How often do you brush?	2-3 times/day	1 time/day	0 times/day	
VI.	Do you floss?	yes, daily	sometimes	never	
VII.	Do you smoke?	no		yes	
VIII.	Had cavities in the past	no new in last 36 months	1 or 2 in last 36 months	3 or more in last 36 months	
IX.	Do you use smokeless tobacco?	no	yes	pouch or sweetened tobacco	
X.	Do you drink beverages during the day that are sweetened (i.e., coffee, tea, juice, sports drinks, medicinal syrups/soft drinks) not around meals?	mealtime only	occasionally between meals	frequently between meals	
XI.	Are you over 65 years of age?	no	65-75	75+	
XII.	Do you frequently have dry mouth?	no		yes	
XIII.	Food Packs (open contacts)	no		yes	
General Health					
I.	Do you have physical limitations that will not allow you to properly care for your teeth?	no		yes	
II.	Have you had chemotherapy or radiation?	no		yes	
III.	Do you have an eating disorder?	no	yes		
IV.	Do you have a drug or alcohol abuse problem?	no	yes		
V.	Acid reflux	no	yes		
Clinical Conditions (TO BE FILLED OUT BY HYGIENIST)					
I.	Exposed roots or recession	no		yes	
II.	Old overhanging restorations	no	yes		
III.	Visible plaque	no	yes		
IV.	Interproximal restorations	no	yes		
V.	Orthodontics	no	yes		
VI.	Do you take medications that reduce salivary flow?	no	yes		

Total

Patient Instructions _____

A score of 0 indicates a patient has a low risk for the development of caries. A single high risk factor, or score of 10, places the patient at high risk for development of caries. Subsequent scores should decrease with reduction of risks and therapeutic intervention.

The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow-up patient; or other risk factors not listed may be present.

The assessment cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's health status.