

Caries Risk Assessment

Last name: _____ First name: _____ Date: _____

Due to new research on cavities and what causes them, we know everyone is at risk of developing decay at some point during their lifetime. The goal of this assessment form and the bacterial screening test is to determine your likelihood of experiencing new decay in the next 12 months. The test is a quick, painless swab of your teeth. Please fill out the *"Patient Use"* section of this form to the best of your ability. These items will be discussed with your dental professional during your appointment today.

Patient Use

If diagnosed at risk for cavities today, would you be interested in discussing treatment options?	yes	maybe	no
If needed, are you willing to modify your dietary habits?	yes	maybe	no

RISK FACTORS

Do you notice plaque build-up on your teeth between brushings?	no	yes
Do you take medications daily? If yes, how many? (#____)	no	yes
Do you feel like you have a dry mouth at any time of the day or night?	no	yes
Do you drink liquids other than water more than 2 times daily between meals?	no	yes
Do you snack daily between meals?	no	yes
Do you have oral appliances present?	no	yes
Do any of these other health concerns apply to you? (check all that apply)	no	yes
<input type="checkbox"/> Frequent tobacco use <input type="checkbox"/> Acid reflux <input type="checkbox"/> Diabetes <input type="checkbox"/> Head/neck radiation therapy <input type="checkbox"/> Other drug use <input type="checkbox"/> Bulimia <input type="checkbox"/> Sjogren's Syndrome		

Clinician Use Only

DISEASE INDICATORS

New/Progressing Visible Cavitations	no	yes
New/Progressing Approximal Radiographic Radiolucencies	no	yes
New/Active White Spot Lesions	no	yes
Decay History is a Concern	no	yes

BIOFILM CHALLENGE

CariScreen Bacterial Assessment (0-1500 low, 1501-9999 high)	low	high
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PROFESSIONAL ASSESSMENT SUMMARY

Risk Factors are a Concern	no	yes
Disease Indicators are a Concern	no	yes
Biofilm Challenge is a Concern	no	yes

RISK IDENTIFICATION Transfer information above to boxes below to determine risk.

<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators <input type="checkbox"/> Biofilm Challenge
LOW RISK	MODERATE RISK	HIGH RISK	HIGH RISK	HIGH/EXTREME RISK
1	2	3	4	5

RECOMMENDED PROVISIONAL DECLINE