

# CARIES RISK ASSESSMENT

Adults/Children Age 6 and Over

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	<b>yes</b>	<b>no</b>
Radiographic Lesions	<b>yes</b>	<b>no</b>
White Spot Lesions	<b>yes</b>	<b>no</b>
Cavity in Last 3 Years	<b>yes</b>	<b>no</b>

### RISK FACTORS

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

### TESTING

CariScreen	9,999 – 1,501	1,500 – 0
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## 2 DIAGNOSE

Risk Assessment	<b>AT RISK</b>	<b>LOW RISK</b>
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## 3 PRESCRIBE

Treatment Kit

Maintenance 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.