

CARIES RISK ASSESSMENT

Children Age 5 and Under

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

| | | |
|--------------------------------|------------|-----------|
| Mother/Caregiver Active Caries | yes | no |
| Socio-Economic Risk | yes | no |
| Visible Cavitations | yes | no |
| Cavity in Last 2 Years | yes | no |
| Obvious White Spot Lesions | yes | no |

RISK FACTORS

| | | |
|-------------------------------|------------|-----------|
| Obvious Plaque on Teeth | yes | no |
| Gingiva Bleeds Easily | yes | no |
| Inadequate Saliva Flow | yes | no |
| Appliances Present | yes | no |
| No Dental Home/Episodic Care | yes | no |
| Developmental Problems | yes | no |
| Medications | yes | no |
| Continuous Bottle Use Not H2O | yes | no |
| Sleeps with Bottle | yes | no |
| Nurse on Demand | yes | no |
| Frequent Snacking | yes | no |
| Other | yes | no |

TESTING

| | | |
|------------|---------------|-----------|
| CariScreen | 9,999 – 1,501 | 1,500 – 0 |
|------------|---------------|-----------|

2 DIAGNOSE

| | | |
|-----------------|----------------|-----------------|
| Risk Assessment | AT RISK | LOW RISK |
|-----------------|----------------|-----------------|

3 PRESCRIBE

- Xyli-Tots Oral Wipes
- Xyli-Tots Mouth Spray
- Xyli-Tots Tooth Gel
- Xyli-Tots Lollies
- Xyli-Tots Anticavity Rinse
- Fluoride Varnish
- CariFree Xylitol Gum

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.