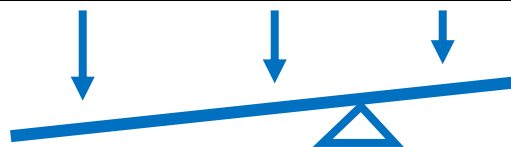


Caries Risk Assessment Form for Ages 6 Years Through Adult

Patient Name: _____ **DOB:** _____ **Date:** _____
Assessment Date: _____ **Is this (please circle) Baseline or Recall**

Disease Indicators (Any one YES signifies likely "High Risk" and to do a bacteria test**)	Circle if yes	Circle if yes	YES/NO CIRCLE
Cavities/radiograph to dentin	YES		NO
Aproximal enamel lesions that penetrates the DEJ (by radiograph)	YES		NO
White spots on smooth surfaces	YES		NO
Restorations within last 3 years	YES		NO
Risk Factors (Biological predisposing factors)		YES	
MS and LB both medium or high (by culture**)-		YES	
Visible heavy plaque on teeth		YES	
Frequent snack (> 3x daily between meals)		YES	
Deep pits and fissures		YES	
Recreational drug use		YES	
Inadequate saliva flow by observation or measurement (**If measured note the flow rate below)		YES	
Saliva reducing factors (medications/radiation/systemic)		YES	
Exposed roots		YES	
Orthodontic appliances		YES	
Protective Factors			
Lives/work/school fluoridated community			YES
Fluoride toothpaste at least once daily			YES
Fluoride toothpaste at least 2x daily			YES
Fluoride mouth rinse (0.05% NaF) daily			YES
5000 ppm F fluoride toothpaste daily			YES
Fluoride varnish in last 6 months			YES
Office F topical in last 6 months			YES
Chlorhexidine prescribed/used one week each of last 6 months			YES
Xylitol gum/lozenges 4x daily last 6 months			YES
MI paste during last 6 months			YES
Adequate saliva flow (> 1 ml/min stimulated)			YES
**Bacteria/Saliva Test Results: MS: LB: Flow Rate: ml/min. Date:			

VISUALIZE CARIES BALANCE
(Use circled indicators/factors above)



RISK ASSESSMENT (CIRCLE): EXTREME HIGH MODERATE LOW

(EXTREME RISK = HIGH RISK + SEVERE XEROSTOMIA)