

Caries Risk Assessment Form

Children Under Age 5

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 Bottles Use Not H2O	yes	no
Sleeps with Bottle	yes	no
Nurse on Demand	yes	no
Frequent Snacking	yes	no
Other	yes	no

TESTING

CariScreen	1,501-9,999	0-1,500
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2

DIAGNOSE

Risk Assessment	AT RISK	LOW RISK
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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.