

Great Mines Health Center

Caries Risk Assessment Form (Age ≥6)

Patient Name:	
Birthdate:	Date:
Age:	Initials:

The following questions were developed by the American Dental Association to help evaluate the risk that your child has for the development of tooth decay. Accurate answers will help us provide the proper dental treatment for your child.

Contributing conditions to caries development or prevention (Parent section)				
Please circle the answers that best applies to your child				
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	YES	NO	
II.	Sugary Foods or Drinks (including juice, carbonated soft drinks, energy drinks, etc...)	Primarily at mealtimes		Frequent or prolonged exposure between meals
How many times a day does your child have snacks or sugary drinks between meals? 1, 2, 3, more than 3 times a day				
III.	Caries or cavity Experience of Mother, Caregiver and/or other Siblings	No cavities in the last 24 months	Cavities in the last 7 to 23 months	Cavities in the last 6 months
IV.	Dental Home: regularly sees a dentist for treatment	YES	NO	
V.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	NO		YES
VI.	Chemo / Radiation Therapy	NO		YES
VII.	Eating Disorders	NO	YES	
VIII.	Drug / Alcohol abuse	NO	YES	

Office use only below this line

Clinical Conditions (Circle all that apply)				
I.	Visual or radiographic evidence of restorations, cavitated or non-cavitated carious lesions	No new caries or restorations within 36 months	1 or 2 new carious lesions or restorations in the last 36 months	3 or more carious lesions or restorations in the last 36 months
II.	Missing teeth due to caries in the past 36 months	No		Yes
III.	Visible plaque	No	Yes	
IV.	Dental / Orthodontic Appliances present	No	Yes	
	Unusual tooth morphology that compromises oral hygiene	No	Yes	
	Interproximal restorations – 1 or more	No	Yes	

Overall assessment of dental caries risk:

Low

Moderate

High

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Exposed root surfaces present	No	Yes	
Restorations with overhands and or open margins; open contacts with food impaction	No	Yes	
Xerostomia	No		Yes
One or more interproximal caries lesions	No		Yes

Overall assessment of dental caries risk:

Low

Moderate

High

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