

Caries Risk Assessment Form (Age >6)

Patient Name:

Birth Date:

Date:

Age:

Initials:

		Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply		
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	☐ Yes	☐ No	
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes ☐		Frequent or prolonged between meal exposures/day ☐
III.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months ☐	Carious lesions in last 7-23 months ☐	Carious lesions in last 6 months ☐
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	☐ Yes	☐ No	
General Health Conditions		Check or Circle the conditions that apply		
I.	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 (over age 14) ☐	Yes (ages 6-14) ☐
II.	Chemo/Radiation Therapy	☐ No		☐ Yes
III.	Eating Disorders	☐ No	☐ Yes	
IV.	Medications that Reduce Salivary Flow	☐ No	☐ Yes	
V.	Drug/Alcohol Abuse	☐ No	☐ Yes	
Clinical Conditions		Check or Circle the conditions that apply		
I.	Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months ☐	1 or 2 new carious lesions or restorations in last 36 months ☐	3 or more carious lesions or restorations in last 36 months ☐
II.	Teeth Missing Due to Caries in past 36 months	☐ No		☐ Yes
III.	Visible Plaque	☐ No	☐ Yes	
IV.	Unusual Tooth Morphology that compromises oral hygiene	☐ No	☐ Yes	
V.	Interproximal Restorations - 1 or more	☐ No	☐ Yes	
VI.	Exposed Root Surfaces Present	☐ No	☐ Yes	
VII.	Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	☐ No	☐ Yes	
VIII.	Dental/Orthodontic Appliances (fixed or removable)	☐ No	☐ Yes	
IX.	Severe Dry Mouth (Xerostomia)	☐ No		☐ Yes

Overall assessment of dental caries risk:

☐ Low

☐ Moderate

☐ High

Patient Instructions:

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Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present.

The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow up patient; or other risk factors not listed may be present.

The assessment cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's health status.

This is a tool provided for the use of ADA members. It is based on the opinion of experts who utilized the most up-to-date scientific information available. The ADA plans to periodically update this tool based on: 1) member feedback regarding its usefulness, and; 2) advances in science. ADA member-users are encouraged to share their opinions regarding this tool with the Council on Dental Practice.