

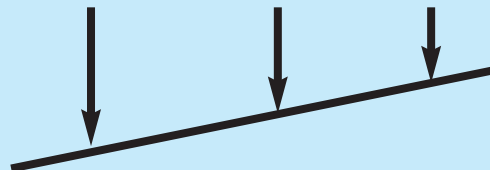
Table 1. Caries Risk Assessment Form for Children Age 6+ and Adults*

Patient Name: _____ Chart #: _____ Date: _____

Assessment Date—Please circle: **baseline** or **recall**

Disease Indicators—Any YES answers signify likely high risk, bacteria test* is indicated	YES = CIRCLE	YES = CIRCLE	YES = CIRCLE
Visible cavities or radiographic penetration of the dentin	YES		
Radiographic approximal enamel lesions (not in dentin)	YES		
White spots on smooth surfaces	YES		
Restorations past 3 years	YES		
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 mouthrinse (0.05% NaF) daily			YES
5,000 ppm fluoride toothpaste daily			YES
Fluoride varnish in past 6 months			YES
Office fluoride topical in past 6 months			YES
Chlorhexidine (CHX) prescribed/used 1 week each of past 6 months			YES
Xylitol gum/lozenges 4x daily past 6 months			YES
Calcium and phosphate paste during past 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)
 EXTREME RISK = HIGH RISK + SEVERE SALIVARY GLAND HYPOFUNCTION
 CARIES RISK ASSESSMENT (CIRCLE): EXTREME HIGH MODERATE LOW



Dental Hygienist signature: _____ Date: _____

*Adapted from Featherstone JD, Domejean-Orliaguet S, Jenson L, Wolff M, Young DA. Caries risk assessment in practice for age 6 through adult. *J Calif Dent Assoc.* 2007;35:703-707, 10-3.