

## Caries Risk Assessment Form (Ages 0-6)

Patient Name:

Score:

Birth Date:

Date:

Age:

Initials:

		Low Risk (0)	Moderate Risk (1)	High Risk (10)	Patient Risk
<b>Contributing Conditions</b>					
I.	<b>Fluoride Exposure</b> (through drinking water, supplements, professional applications, toothpaste)	Yes	No		
II.	<b>Sugary or Starchy Foods or Drinks</b> (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes	Frequent or prolonged between meal exposures/day	Bottle or sippy cup with anything other than water at bed time	
III.	<b>Eligible for Government Programs</b> (WIC, Head Start, Medicaid or SCHIP)	No		Yes	
IV.	<b>Caries Experience of Mother, Caregiver and/or Other Siblings</b>	No carious lesions in last 24 months	Carious lesions in last 7-23 months	Carious lesions in last 6 months	
V.	<b>Dental Home:</b> established patient of record in a dental office	Yes	No		
<b>General Health Conditions</b>					
I.	<b>Special Health Care Needs*</b>	No		Yes	
<b>Clinical Conditions</b>					
I.	Visual or Radiographically Evident <b>Restorations/Cavitated Carious Lesions</b>	No carious lesions or restorations in last 24 months		Carious lesions or restorations in last 24 months	
II.	<b>Non-cavitated (incipient) Carious Lesions</b>	No new lesions in last 24 months		New lesions in last 24 months	
III.	<b>Teeth Missing Due to Caries</b>	No		Yes	
IV.	<b>Visible Plaque</b>	No	Yes		
V.	<b>Dental /Orthodontic Appliances</b> Present (fixed or removable)	No	Yes		
VI.	<b>Salivary Flow</b>	Visually adequate		Visually inadequate	
<b>TOTAL:</b>					

Instructions for Caregiver:

\*Patients with developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers.

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Indicate 0, 1 or 10 in the last column for each risk factor. If the risk factor was not determined or is not applicable, enter a 0 in the patient risk factor column. Total the factor values and record the score at the top of the page.

A score of 0 indicates a patient has a low risk for the development of caries. A single high risk factor, or score of 10, places the patient at high risk for development of caries. Scores between 1 and 10 place the patient at a moderate risk for the development of caries. Subsequent scores should decrease with reduction of risks and therapeutic intervention.

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.*