

Caries Risk Assessment

DENTAL SECTION					
NAME		AGE		DATE	
S.NO		LOW	MODERATE	HIGH	
CONTRIBUTING CONDITIONS		Check the conditions that apply			
I	Fluoride Exposure (drinking water, tooth paste, professional application)	Yes	No		
II	Sugary Foods or Drinks (juice, carbonated or non- carbonated soft drinks, energy drinks)	Exposure primarily at mealtimes		Frequent or prolonged exposure between meals per day	
III	Dental Home: Established dental records, receives regular dental care in dental office	Yes	No		
GENERAL HEALTH CONDITIONS		Check the conditions that apply			
IV	Special Health Care Needs (developmental, mental, physical or medical disabilities that prevents health care by themselves)	No		Yes	
V	Chemo/Radiation therapy	No		Yes	
VI	Eating Disorders	No	Yes		
VII	Medications that reduce salivary flow	No	Yes		
VIII	Drug/ Alcohol abuse	No	Yes		
CLINICAL CONSIDERATION		Check the conditions that apply			
IX	Cavitated or Non-Cavitated (incipient) carious lesion (visually or radiographically evident)	No lesion at the time of examination	1-2 active lesions at the time of examination	3 or more active lesions at the time of examination	
X	Teeth extracted within the last 36 months due to caries	No		Yes	
XI	Visible Plaque	No	Yes		
XII	Unusual tooth morphology that compromises oral hygiene	No	Yes		
XIII	Interproximal Restoration -1 or more	No	Yes		
XIV	Exposed Root surfaces present	No	Yes		
XV	Restoration with overhangs and/or open margins: open contacts with food impaction	No	Yes		
XVI	Dental/ Orthodontic Appliances (fixed or removable)	No	Yes		
XVII	Severe Dry Mouth (Xerostomia)	No		Yes	
OVERALL ASSESSMENT OF CARIES RISK		LOW <input type="checkbox"/>	MODERATE <input type="checkbox"/>	HIGH <input type="checkbox"/>	