

Caries risk Assessment

Due to new research on cavities and what causes them, we know everyone is at risk of developing decay at some point during their lifetime. The goal of this assessment form and the bacterial screening test is to determine your likelihood of experiencing new decay in the next 12 months. Please fill out the "Patient Use" section of this form to the best of your ability. These items will be discussed with your dental professional during your appointment today. Questions about this form? See the back for Q&A.

Would you like a free bacterial screening test to help determine your risk for cavities? (The test is a quick, painless swab of your teeth.)	yes	no	
If diagnosed at risk for cavities today, would you be interested in discussing treatment options?	<input type="checkbox"/>	maybe	no
If needed, are you willing to modify your dietary habits?	<input type="checkbox"/>	maybe	no

RISK FACTORS

Do you notice plaque build-up on your teeth between brushings?		
Do you take medications daily? If yes, how many? (# ___)		
Do you feel like you have a dry mouth at any time of the day or night?		
Do you drink liquids other than water more than 2 times daily between meals?		
Do you snack daily between meals?		
Do you have oral appliances present?		
Do any of these other health concerns apply to you? (check all that apply) <input type="checkbox"/> Frequent tobacco use <input type="checkbox"/> Other drug use <input type="checkbox"/> Acid reflux <input type="checkbox"/> Bulimia <input type="checkbox"/> Diabetes <input type="checkbox"/> Sjogren's Syndrome <input type="checkbox"/> Head/neck radiation therapy		