

Caries Risk Assessment Form (Age >6)

Patient Name:

Score:

Birth Date:

Date:

Age:

Initials:

		Low Risk (0)	Moderate Risk (1)	High Risk (10)	Patient Risk
Contributing Conditions					
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	Yes	No		
II.	Sugary or Starchy 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					
I.	Special Health Care Needs*	No	Yes (over age 14)	Yes (ages 6-14)	
II.	Chemo/Radiation Therapy	No		Yes	
III.	Eating Disorders	No	Yes		
IV.	Smokeless Tobacco Use	No	Yes		
V.	Medications that Reduce Salivary Flow	No	Yes		
VI.	Drug/Alcohol Abuse	No	Yes		
Clinical Conditions					
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	
TOTAL:					

Patient Instructions:

*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.