**CARIES RISK ASSESSMENT FORM**

Place check marks as applicable. For Self-Management/Vital Behaviors section the student should select from pictured items.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Notes** |
| **DISEASE FACTORS**  |
| Cavitations: radiographic and/or clinically |  |  |  |
| Interproximal enamel lesions |  |  |   |
| White spot lesions  |  |  |   |
| Restorations and/or extractions of carious teeth: last 3 years |  |  |   |
| **RISK FACTORS** |
| Visible plaque and/or gums bleed easily |  |  |   |
| Saliva flow is visually inadequate |  |  |   |
| Hyposalivary medications |  |  |   |
| Sips sugary/acidic beverages apart from meals |  |  |   |
| Fermentable carbohydrate snacks (more than 2 times daily) |  |  |   |
| Appliances present |  |  |   |
| Deep pits and fissures |  |  |   |
| History of irregular dental care |  |  |   |
| **PROTECTIVE FACTORS** |
| Fluoride    Water  Rinse  Toothpaste |  |  |   |
| Plaque removal   Brushes 2 minutes twice daily    Flosses nightly before brushing |  |  |   |
| Sealants |  |  |   |
| **RISK ASSESSMENT** | **At-Risk** | **No Risk** |   |
|  |  |  |   |
| **RECOMMENDATIONS** | **FREQUENCY** |
| Anti-cavity fluoride rinse  |   |
| Regular plaque removal |  |
| Other: |   |
| **SELF-MANAGEMENT GOALS/VITAL BEHAVIORS** | **MOTIVATION** |
| 1. |  |
| 2. |  |

Oral Health Personnel Signature: Date:

Student Signature: Date:

**Choose 2 Steps to Being Cavity-Free**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\VZW4X4ZK\MCHH01661_0000[1].wmf | Brush teeth\_\_\_\_ times per day |  |  | Floss \_\_\_\_\_ times per week |
|  | C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\LC5KQFTZ\MCj02334910000[1].wmf | Limit sugary drinks to meals |  | C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\VZW4X4ZK\MCj00902760000[1].wmf | Whole foods instead of processed juices/foods |
|  | C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\U08XVZXP\MCj04347690000[1].png | 🞎None 🞎 single serving Soda Gatorade/Energy drinks/Juice |  |  | Use an anti-cavity rinse |
|  |  | Drink sugary drinks through a straw |  |  | Reduce frequency of sugary snacks  |
|  | MC900191595[1] | Reduce frequency of starchy snacks |  | C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\ZTAJG8X7\MCj04118840000[1].wmf | No powder-sugar drinks |
|  | C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\RZC5L6E3\MCj04106030000[1].wmf | Fluoride toothpaste\_\_\_\_\_ minutes \_\_\_\_\_ times daily |  | C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\LC5KQFTZ\MCj02642880000[1].wmf | Chew sugarless or sugar free gum instead of sugary gum |
|  |  | Quit or don’t add sugar to beverages |  | C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\X8A93MX6\MCj04417530000[1].pngC:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\ZTAJG8X7\MCj03980670000[1].wmf | Drink tap water or bottled water when the alternative is sugary drinks |
|  | C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\95PVZHCG\MCj02121210000[1].wmf | Keep all dental appointments |  | Other: |  |
|  | C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\M8H0W6YI\MCj02321510000[1].wmf | Reduce daily number of snack times to \_\_\_\_\_ |  | Other: |