# Caries Risk Assessment Form for Patients 6 Years and Older

**Patient Name:** _________________________________ **Age** ____________ **Date:** ____________

**Initial / Baseline Exam Date:** _________________________ **Recall Date:** ________________

Respond to each question in sections 1, 2 & 3 with a check mark in the yes or no column

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

## 1. High Risk Factors

- **a)** Visible cavitation (caries) or caries into dentin by radiograph
- **b)** Caries restored in the past three years
- **c)** Readily visible heavy plaque on teeth
- **d)** Frequent (greater than three times daily) between meal snacks of sugars / cooked starch
- **e)** Saliva – reducing factors:
  - 1) Hyposalivatory medications
  - 2) Radiation to head and neck
  - 3) Systemic reasons, e.g. Sjogren’s Syndrome
- **f)** Visually inadequate saliva flow.
- **g)** Appliances present, fixed or removable, e.g. orthodontic brackets / bands / retainer or removable partial denture (s)
- **h)** Other factors

## 2. Moderate Risk Factors

- **a)** Medical (cancer treatment) or genetic factors
- **b)** Exposed roots
- **c)** Deep pits & fissures / developmental defects
- **d)** Interproximal enamel lesions / radiolucencies
- **e)** Other white spot lesions or occlusal discolouration
- **f)** Uses recreational drugs

## 3 Protective Factors

- **a)** Lives / works/ school in fluoridated community
- **b)** Uses fluoride toothpaste daily
- **c)** Uses fluoride mouthwashes / rinses / gel daily
- **d)** Salivary flow visually adequate
- **e)** Uses xylitol gum or mints 4 x day
- **f)** Mother / caregiver has no caries activity

## Caries Risk Status (circle)

<table>
<thead>
<tr>
<th>High</th>
<th>Moderate</th>
<th>Low</th>
</tr>
</thead>
</table>

Recommendations Given: yes________ no_______ **Date Given**_______ or **Date follow up**_________

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Caries Risk Assessment Form for Children Age 0 - 5

Patient Name: _______________________________ Age: ____________ Date: ______________

Initial/Baseline Exam Date: _________________________ Recall Date: ________________

Respond to each question in sections 1 – 4 with a check mark in the Yes or No column Yes No Notes

1. Caries Risk Indicators – Parent Interview **
   a) Mother or primary caregiver has had active dental decay in the past 12 months
   b) Child has recent dental restorations (see 5B below)
   c) Parent or caregiver has low SES (socioeconomic status) and/or low health literacy
   d) Child has developmental problems
   e) No dental home/episodic dental care

2. Caries Risk Factors (Biological) – Parent Interview**
   a) Child has frequent (greater than 3/daily) between-meal snacks of sugar /cooked starch/sugared beverages
   b) Child has saliva-reducing factors present, including:
      1. Medications (e.g. some for Asthma or hyperactivity)
      2. Medical (cancer treatment) or genetic factors
   c) Child continually uses bottle - contains fluids other than water
   d) Child sleeps with a bottle or nurses on demand

3. Protective Factors (Nonbiological) – Parent Interview
   a) Mother/caregiver decay-free last three years
   b) Child has a dental home and regular dental care

4. Protective Factors (Biological) – Parent Interview
   a) Child lives in a fluoridated community or takes supplements by slowly dissolving or as chewable tablets
   b) Child’s teeth are cleaned with fluoridated toothpaste (pea-sized) daily
   c) Mother/caregiver chews/sucks xylitol gum/lozenges 2 – 4 x daily

5. Caries Risk Indicators/Factors – Clinical Examination of Child**
   a) Obvious white spots, decalcifications, or obvious decay present on the child’s teeth
   b) Restorations placed in the last two years in/on child’s teeth
   c) Plaque is obvious on the child’s teeth and/or gums bleed easily
   d) Child has dental or orthodontic appliances present, fixed or removable e.g. braces, space maintainers, obturators
   e) Risk Factor: Visually inadequate saliva flow – dry mouth

** If yes to any one of 1(a), 1(b), 5(a) or 5(b) or any two in categories 1,2,5 consider performing bacterial culture on mother or caregiver and child. Use this as a baseline to follow results of antibacterial intervention.

(a) Mutans streptococci (Indicate bacterial level: high, medium, low)
(b) Lactobacillus species (Indicate bacterial level: high, medium, low)

Child’s overall caries risk status: (Circle) Extreme Low Moderate High

Recommendations Given: Yes________ No_______ Date Given_______ Date follow up________

Self-Management Goals 1)________________________________ 2) ________________________________

Practitioner’s Signature: __________________________________ Date: ______________________________