

Caries Risk Assessment Form

Patient Name: _____

Date: _____

► Factors increasing risk for future cavities may include, but are not limited to:¹




High Risk Factors

- 3 or more carious lesions/restorations in last 36 months
- Teeth missing due to caries in last 36 months
- Cariogenic diet (frequent high sugar and acidic food/drinks)
- Xerostomia (medication, radiation, disease induced)
- Chemo/radiation therapy
- Physical or mental disability which prevents proper oral health care

Moderate Risk Factors

- Active caries in previous 12 months
- Poor oral hygiene
- High titers of cariogenic bacteria
- Active orthodontic treatment (fixed or removable)
- Poor family dental health
- Genetic abnormality of teeth
- Suboptimal fluoride exposure
- Irregular professional dental care
- Drug/alcohol abuse
- Numerous multi-surface restorations
- Eating disorders
- Presence of exposed root surfaces
- Restoration overhangs and open margins
- Prolonged nursing (bottle or breast)
- Developmental or acquired enamel defects
- Other _____

Diagnosis

-  **Low Risk** = no factors checked
-  **Moderate Risk** = only moderate risk factors checked
-  **High Risk** = at least one condition in high risk checked

► Proposed treatment for improved prognosis:

The American Dental Association recommends the use of in-office fluoride varnish or a 4 minute (APF) gel every 3–6 months and home use prescription strength fluoride toothpaste or rinse for patients who are at an elevated risk for caries.²



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¹ This form is adapted from the American Dental Association Publications—**Caries Risk Assessment Form (Age > 6)**

² Weyant RJ, Tracy SL, Anselmo T, Beltran-Aguilar ED, et al. Topical Fluoride for Caries Prevention: Executive Summary of the Updated Clinical Recommendations and Supporting Systematic Review. JADA 2013;144(11):1279-1291.