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

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

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