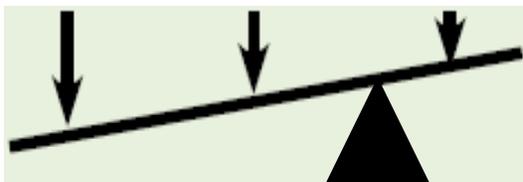


CARIES RISK ASSESSMENT FORM

Patient Name: _____ Chart #: _____ Date of initial assessment: _____

Completed by: _____ Reviewed by: _____ Date of next Recall: _____

DISEASE INDICATORS (Any one "YES" = High Risk)	YES = CIRCLE	RISK FACTORS (In the absence of indicators, risk determined by dentist)	YES = CIRCLE	PROTECTIVE FACTORS	YES = CIRCLE
Visible cavities and/or lesions, or radiographic penetration into dentin	YES	Visible plaque on teeth	YES	Fluoridated water intake	YES
Active proximal enamel lesions on xray	YES	Deep pits and fissures	YES	Fluoride toothpaste 1x daily	YES
Active white spots on smooth surfaces	YES	Saliva reducing factors/meds	YES	Fluoride toothpaste 2x daily	YES
Restorations (for caries) in last 3 years	YES	Patient reports "dry mouth"	YES	OTC fluoride rinse daily	YES
Extractions (due to caries), last 3 years	YES	Restorations with overhangs, open margins, or open contacts	YES	Rx fluoride toothpaste daily	YES
		Exposed roots	YES	Fluoride varnish in last 6 mo	YES
		Ortho appliances, partials dentures	YES	Chlorhexidine 1 week/mo	YES
		Infrequent or irregular dental care	YES	MI Paste in last 6 mo	YES
		Frequent snacks (>3x/day)	YES	RISK LEVEL (Circle) HIGH MEDIUM LOW	
		High sugar intake or >6 exposures	YES		
		Recreational drug use	YES		



Directions:

1. After clinical and radiographic examination (and review of restorative history in the patient's record), circle "YES" for all items that apply in the left column ("Disease Indicators"). Any "yes" response places the patient at High Risk.
2. Using information from the examination, and from interviewing the patient, circle "YES" for all items that apply in the center column ("Risk Factors").
In the absence of any Disease Indicators in the first column, the dentist determines the patient's risk based on risk factors present.
Patients with NO circled "YES" items in the first two columns are at Low Risk. CIRCLE THE RISK LEVEL in the box above.
3. Ask patients about each item in the right column, and circle each "YES" that applies.

Notes:

1. Students will NOT be allowed to develop a treatment plan until this form has been completed, reviewed with the supervising faculty and recommendations based on caries risk have been given to the patient.
2. In conjunction with a comprehensive oral exam, completion of this form should take no more than 10 minutes.
3. Presence of **Disease Indicators** (Left Column) is the most accurate predictor of future lesion formation.
Risk Factors (Center Column) help predict future lesion formation in patients without new or recent (past 3 years) lesions, and they help identify causal agents in patients with new or recent lesions so appropriate protective factors can be prescribed for that patient.
Protective Factors (Right Column) give an idea of the patient's current level of protection against future lesions. (See "Recommendations Based On Caries Risk", on reverse side of this form.)
4. The clinical judgment of the clinical instructor may justify a change for the patient's risk level (increased or decreased) based on review of this form and other pertinent information.

SEE REVERSE FOR RECOMMENDATIONS

RECOMMENDATIONS BASED ON CARIES RISK

High Risk

FOR ALL (HIGH RISK) PATIENTS

- Periodontal assessment and professional cleaning including patient education and oral hygiene instructions at initial visit and re-assessed in subsequent visits.
- Review dietary and oral hygiene habits. Provide instructions on both.
- In-office fluoride varnish treatment **every 3-4 months** at caries recall exams.
- Brush **twice daily** with a high fluoride prescription toothpaste, (Prevent Plus toothpaste - 5,000 parts per million fluoride). We can provide a prescription or dispense it. Spit out after brushing; do not rinse with water. Use **regular toothpaste the rest of the day**.
- Have the necessary restorative treatment performed.
- Caries recall **every 3-4 months** to re-evaluate progress and current caries risk.
- New bitewing radiographs every 6-12 months.

FOR SPECIFIC (HIGH RISK) PATIENTS

- Rinse for one minute, once a day with chlorhexidine gluconate mouthrinse. Use once daily just before bed at night (10 ml for 1 minute), every night for the first week of each month. Use at least one hour after brushing. We can provide a prescription or dispense it at the SDM.
- Sealants to be applied to all occlusal surfaces.

INDICATIONS: patients (of all ages) with a high lesion incidence and untreated occlusal surfaces with deep pits and fissures

- MI Paste (dispensed), pea size amount applied (with a finger) to all surfaces of all teeth, twice a day. Let sit for 15 minutes, without rinsing, eating or drinking; expectorate.

INDICATIONS: patients with incipient non-cavitated lesions on smooth surfaces (interproximal or free surfaces)

Moderate Risk

FOR ALL (MODERATE RISK) PATIENTS

- Periodontal assessment and professional cleaning including patient education and oral hygiene instructions at initial visit and re-assessed in subsequent visits.
- Review dietary and oral hygiene habits. Provide instructions on both.
- In-office fluoride varnish treatment **every 4-6 months** at caries recall exams.
- Brush twice daily with an over-the-counter fluoride-containing toothpaste following oral hygiene instructions provided. Spit out after brushing; do not rinse with water.
- Use an over-the-counter fluoride rinse (0.05% sodium fluoride, e.g. Fluorigard or ACT) and rinse with 10 ml (one cap full) once or twice daily after you have used your fluoride toothpaste. Continue daily until your next dental exam.
- New bitewing radiographs every 12-24 months.
- Caries recall **every 4-6 months** to re-evaluate progress and current caries risk.

FOR SPECIFIC (MODERATE RISK) PATIENTS

- Sealants to be applied to all occlusal surfaces.

INDICATIONS: patients (of all ages) with a high lesion incidence and untreated occlusal surfaces with deep pits and fissures

- MI Paste (dispensed), pea size amount applied (with a finger) to all surfaces of all teeth, twice a day. Let sit for 15 minutes, without rinsing, eating or drinking; expectorate.

INDICATIONS: patients with incipient non-cavitated lesions on smooth surfaces (interproximal or free surfaces)

Low Risk

- Periodontal assessment and professional cleaning including patient education and oral hygiene instructions at initial visit and re-assessed in subsequent visits.
- Review dietary and oral hygiene habits. Provide instructions on both.
- Brush twice daily with an over-the-counter fluoride-containing toothpaste. Spit out after brushing; do not rinse with water.
- Return for a caries recall exam (when indicated) in 6-12 months to re-evaluate your current caries risk.

**At caries recall exams, in-office fluoride varnish treatment, sealants, and others are optional and may not provide any benefit for a patient at low risk.*