

Universal Caries Risk Assessment Form *(ALL AGES)*

Patient's First Name:		Patient's Last Name:		Date of Birth:	
Provider Name:				Date of Assessment:	
		Low Risk <i>(0 Points)</i>	Moderate Risk <i>(1 Point)</i>	High Risk <i>(2 Points)</i>	
Contributing Conditions		Check all conditions that apply			
1.	Fluoride Exposure (drinking water, supplements, professional applications, toothpaste)	<input type="radio"/> Yes	<input type="radio"/> No		
2.	Sugary Foods or Drinks (juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	<input type="radio"/> At mealtimes		<input type="radio"/> Frequent or prolonged exposure	
3.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 0 -14 only)	<input type="radio"/> No carious lesions in last 24 months	<input type="radio"/> Carious lesions in last 7-23 months	<input type="radio"/> Carious lesions in last 6 months	
4.	Dental Home (established patient of record, receiving regular dental care in a dental office)	<input type="radio"/> Yes	<input type="radio"/> No		
General Health Conditions		Check all conditions that apply			
1.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="radio"/> No	<input type="radio"/> Yes (> 14 years)	<input type="radio"/> Yes (ages 0-14)	
2.	Chemo/Radiation Therapy (patients >6 years old only)	<input type="radio"/> No		<input type="radio"/> Yes	
3.	Eating Disorders (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
4.	Medications that Reduce Salivary Flow (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
5.	Drug/Alcohol (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
Clinical Conditions		Check all conditions that apply			
1.	Visual or Radiographically Evident Restorations/ Cavitated or Non-cavitated (incipient) Carious Lesions	<input type="radio"/> No (No carious lesions or restorations in last 24 months)	<input type="radio"/> Yes (1-2 carious lesions or restorations in last 24 months)	<input type="radio"/> Yes (≥3 carious lesions or restorations in last 24 months) <i>(4 POINTS)</i>	
2.	Teeth Missing Due to Caries	<input type="radio"/> No		<input type="radio"/> Yes	
3.	Visible Plaque	<input type="radio"/> No	<input type="radio"/> Yes		
4.	Dental/Orthodontic Appliances Present (fixed or removable)	<input type="radio"/> No	<input type="radio"/> Yes		
5.	Salivary Flow	<input type="radio"/> Visually Adequate	<input type="radio"/> Visually Inadequate (< 6 y/o)	<input type="radio"/> Yes (Severe dry mouth >6 y/o)	
6.	Exposed Root Surfaces Present (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
7.	Restorations with Overhangs and/or Open Margins; Open contacts with Food Impaction (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
8.	Unusual Tooth Morphology that compromises oral hygiene (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
Overall Caries Risk		<input type="checkbox"/> LOW <i>(0-1 Points)</i>	<input type="checkbox"/> MODERATE <i>(2-4 Points)</i>	<input type="checkbox"/> HIGH <i>(5+ Points)</i>	
CDT Codes		D0601	D0602	D0603	