

**CARIES RISK ASSESSMENT FORM FOR AGE 0 TO 5 YEARS**

Instructions on reverse

Patient Name: \_\_\_\_\_ I.D. # \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Initial/baseline exam date \_\_\_\_\_ Recall/POE date \_\_\_\_\_

Respond to <u>each</u> question in sections 1, 2, and 3 with a check mark in the yes or no column				Notes
	Yes	No		
<b>1. High Risk Factors**</b>				
(a) Mother or primary caregiver has had active dental decay in the past 12 months				
(b) Child sleeps with a bottle, or nurses on demand				
(c) Bottle contains fluids other than milk or water				
(d) Obvious white spots, decalcifications, or obvious decay are present on the child's teeth				
(e) Recent dental restorations completed (less than two years)				
(f) Child's gums bleed easily and/or plaque is obvious on the teeth				
(g) Frequent (greater than three times) between meal snacks of sugars/cooked starch				
(h) Appliances present, fixed or removable: e.g., space maintainers, obturators, etc.				
(i) Visually inadequate saliva flow (measuring saliva flow with young children is not possible)				
(j) Saliva-reducing factors are present, including:				
1. hyposalivatory medications (i.e., some for asthma or hyperactivity)				
2. medical (cancer treatment) or genetic factors				
(k) Child has developmental problems				
<b>2. Protective Factors</b>				
(a) Lives in fluoridated community				
(b) Mother or caregiver cleans child's teeth twice a day with fluoridated toothpaste (small amount)				type _____
(c) Child has had a dental exam combined with oral hygiene instruction for the parent/caregiver				type _____
(d) Salivary flow visually adequate				
(e) Mother or caregiver with moderate to high ms counts use xylitol gum or lozenges (4x per day)				Type _____ and % _____
(f) Mother/caregiver has no caries activity				
<b>**If yes to any of 1 (a) - (g), perform bacterial culture on mother or caregiver*</b>	<b>High Count*</b> Date: _____	<b>Moderate Count*</b> Date: _____	<b>Low Count*</b> Date: _____	
(a) Mutans streptococci				(Place a check in the box below the count)
(b) Lactobacillus				(Place a check in the box below the count)
<b>Child's caries risk status</b>	<b>High</b>	<b>Moderate</b>	<b>Low</b>	<b>Circle High, Moderate or Low</b>
<b>Recommendations given: yes _____ no: _____ Date given: _____ or Date follow up: _____</b>				
* Indicates that test descriptions for these procedures are on the following pages				

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