



UAB SCHOOL OF DENTISTRY CARIES RISK ASSESSMENT

Patient Name: _____ Age _____
 How often do you brush? _____ Floss? _____ Type of toothpaste used: _____
 Is your mouth dry? (circle one) Yes / No What do you take to relieve dry mouth? _____
 No. of snacks/ day: _____ Type of snacks: _____
 No. of beverages/ day: _____ Type of beverages: _____

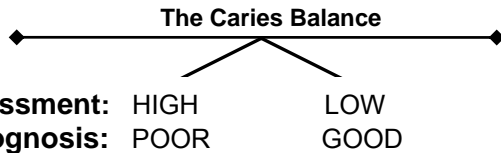
Have you had a filling in the past 3 yrs? (circle one) Yes / No Do you use breath mints? (circle one) Yes / No
 Do you eat just before sleeping? (circle one) Yes / No Do you use a mouthrinse? (circle one) Yes / No
 Do you use tobacco products? (circle one) Yes / No If Yes, how often? _____
 Do you have recreational drug habits? (circle one) Yes / No If Yes, type: _____

PATIENT COMPLETES INFORMATION ABOVE DASHED LINE:

DENTIST COMPLETES INFORMATION BELOW DASHED LINE:

Medications affecting cares risk: _____

CARIES RISK (Please circle responses)		
FACTORS	HIGH	LOW
1. Medical History:		
Sjogren's syndrome	YES	NO
Hyposalivary meds	YES	NO
Radiation therapy	YES	NO
Physical Disability	YES	NO
Eating Disorder	YES	NO
2. Predisposing Conditions:		
Plaque/Calculus	generalized	minimal/none
Exposed roots	YES	NO
Deep Pits & Fissures	YES	NO
Enamel Defects	YES	NO
Appliances: orth or prosth	YES	NO
3. Caries:		
Visible Cavitations	YES	NO
Radiographic Lesions	YES	NO
White Spots	YES	NO
4. Dietary Habits:		
Sugary Snacks	>3 times	Infrequent
Regular soda/ fruit drinks	YES	NO
5. Protective Factors		
Fluoridated water	NO	YES
Fluoridated toothpaste	NO	YES
Adequate saliva flow	NO	YES
Fluoride mouthrinse	NO	YES
Xylitol gum/mints	NO	YES
Chlorhexidine rinse	NO	YES



Comments: _____

PREVENTIVE TREATMENT PLAN

(check if recommended)

Oral Hygiene and Other Instruction:

- Brush twice a day with a fluoride toothpaste, Swish, spit and floss
 - Floss aid Power tooth brush
 - Water pic Proxy tooth brush

Dietary Modifications:

- _____
- _____

Restorations:

- Seal susceptible fissures
- Caries control with glass ionomer
- Definitive restorative treatment

Fluoride Application at Home:

- Fluoride Tray
- PreviDent 5000 Plus or other Rx fluoride:
 - 1 (at night) or 2 (morning and night)
- Topical fluoride (neutral sodium fluoride gel, foam or rinse)

Fluoride Application in Office:

- APF: _____ per year
- Topical fluoride varnish: _____ areas

Antimicrobials:

- Chlorhexidine rinse:
 - Rx: Chlorhexidine 0.12% mouthrinse 5 ml BID for 2 weeks, NPO for 30 min.

Others:

- Xylitol gum: 0.6 g/ stick (between meals for 10 minutes)
- MI Paste: Before bedtime. After brushing, apply pea size amount on teeth with finger and distribute with the tongue. Do not rinse.
- Xerostomia
 - Salivary products
 - Rx: medications

Recalls: Date Due

- 3 months _____
- 6 months _____
- 12 months _____

NOTE: Inform pt. that recommended products may be purchased from the dental school.

Student Signature _____ Faculty Signature _____

Assessment Date: _____ Reassessment Dates: _____