

# Caries Risk Assessment

## Patient Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Dental History: \_\_\_\_\_

Medical History: \_\_\_\_\_

## Assessment Factors

### 1. Past Dental History

- Number of cavities in the past year: \_\_\_\_\_
- Number of restorations: \_\_\_\_\_
- Presence of previous orthodontic treatment: Yes / No \_\_\_\_\_

### 2. Medical History

- Presence of chronic medical conditions: Yes / No \_\_\_\_\_
- Medications that may affect oral health: \_\_\_\_\_
- Xerostomia (dry mouth): Yes / No \_\_\_\_\_

### 3. Oral Hygiene Habits

- Frequency of brushing: \_\_\_\_\_
- Type of toothbrush: \_\_\_\_\_
- Use of fluoride toothpaste: Yes / No \_\_\_\_\_
- Frequency of flossing: \_\_\_\_\_

### 4. Diet and Nutrition

- Frequency of sugary food and beverage consumption: \_\_\_\_\_
- Snacking habits between meals: \_\_\_\_\_

### 5. Salivary Factors

- Presence of reduced salivary flow: Yes / No \_\_\_\_\_
- pH of saliva: \_\_\_\_\_

## 6. Socioeconomic Factors

- Access to dental care: \_\_\_\_\_
- Socioeconomic status: \_\_\_\_\_

## 7. Bacterial Factors

- Presence of Streptococcus mutans or Lactobacillus: Yes / No \_\_\_\_\_
- Use of antibacterial mouthwash: Yes / No \_\_\_\_\_

## 8. Fluoride Exposure

- Fluoridated water source: Yes / No \_\_\_\_\_
- Use of fluoride supplements: Yes / No \_\_\_\_\_
- Professional fluoride treatments: Yes / No \_\_\_\_\_

## 9. Radiographic Findings

- Presence of interproximal caries: Yes / No \_\_\_\_\_
- Presence of occlusal caries: Yes / No \_\_\_\_\_

## 10. Additional Comments

### Caries Risk Assessment:

- Low Risk
- Moderate Risk
- High Risk

### Recommendations:

- Dental treatment required: \_\_\_\_\_
- Oral hygiene instructions: \_\_\_\_\_
- Diet and nutritional counseling: \_\_\_\_\_
- Fluoride recommendations: \_\_\_\_\_
- Recall interval: \_\_\_\_\_

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_