



DENTAL SOLUTIONS
of WINTER HAVEN P.L.C.

CARIES RISK FORM

Adults and Children Age 6+

First Name: _____ Last Name: _____ Date: _____

Due to new recent research on cavities and what causes them, we are moving toward a standard of care that can offer earlier detection and treatment. Please fill out the "Patient Use" section of this form to the best of your ability. These items will be discussed with your dental professional during your appointment today.

PATIENT USE

If diagnosed at risk for cavities today, would you be interested in discussing treatment options?	No	Maybe	Yes
If needed, are you willing to modify your dietary habits?	Not an option	I could, but don't want to	Sure

RISK FACTORS

I notice plaque build-up on my teeth.	No	Yes
I take medications daily. (#_____)	No	Yes
I suffer from dry mouth at times during the day.	No	Yes
I drink things other than milk or water 2 times daily (other than with meals). If yes, what? _____	No	Yes
I like to snack 1-3 times daily between meals. If yes, what? _____	No	Yes
I have oral appliances present. If yes, what? (Braces, partials, etc.) _____	No	Yes
Do any of these other health concerns apply to you? (Check all that apply) <input type="checkbox"/> Frequent tobacco use <input type="checkbox"/> Other drug use <input type="checkbox"/> Acid reflux <input type="checkbox"/> Diabetes <input type="checkbox"/> Bulimia <input type="checkbox"/> Sjogren's Syndrome	No	Yes

PROTECTIVE FACTORS

I use a fluoride mouthrinse daily. If yes, which one _____	No	Yes
I brush with toothpaste daily. If yes, which one _____	No	Yes

DISEASE INDICATORS

Visible cavities	No	Yes
Radiographic Lesions	No	Yes
White Spot Lesions	No	Yes
Cavity in Last 3 Years	No	Yes

DIAGNOSIS (Transfer information above to boxes below to determine risk)

LOW RISK (1-2 Risk Factors w/o Disease Indicators)	MODERATE RISK (>2 Risk Factors & 1 Disease Indicator)	HIGH RISK (>2 Risk Factors & >2 Disease Indicators)
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CARISCREEN TEST RECOMMENDED ON MODERATE AND HIGH RISK PATIENTS

LOW ACID PRODUCTION < 1500	HIGH ACID PRODUCTION > 1500
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DOCTOR USE ONLY