



Carifree

Caries Risk Assessment Form

Children under 6 Years

Name: _____ Date: _____

Instructions: Circle all answers that apply.

If **1** or more **DISEASE INDICATORS** or **2** or more **RISK FACTORS** are identified, then the patient is **AT RISK** and preventative therapeutic intervention is recommended to reduce the risk of dental caries (tooth decay).

		AT RISK	LOW RISK
1	SCREENING		
	CariScreen	1,501 - 9,999	0 - 1,500
2	ASSESSMENT		
	DISEASE INDICATORS		
	Mother/Caregiver active caries	Yes	No
	Socio-Economic risk	Yes	No
	Visible cavitations	Yes	No
	Cavities in last 2 years	Yes	No
	White spot lesions	Yes	No
	RISK FACTORS		
	Visible plaque	Yes	No
	Gingiva bleeds easily	Yes	No
	Inadequate saliva flow	Yes	No
	Appliance present	Yes	No
	No dental home/Episodic care	Yes	No
	Developmental problems	Yes	No
	Medications	Yes	No
	Continuous bottle feeding (not water)	Yes	No
	Sleeps with bottle	Yes	No
	Nurse on demand	Yes	No
	Frequent snacking	Yes	No
	Other	Yes	No
	DIAGNOSIS - ASSESSMENT	AT RISK	LOW RISK
3	PRESCRIPTION RECOMMENDATION		

- Xyli-Tots Oral Wipes
 Xyli-Tots Mouth Spray
 Xyli-Tots Tooth Gel
 Xyli-Tots Lollies
 Xyli-Tots Daily Anticavity Rinse
 Fluoride Varnish
 Sugarfree Xylitol Gum _____ Daily
 Brush teeth _____ Daily

I understand my child's risk for dental caries (tooth decay) based on this risk assessment. I also understand the benefits of the preventative recommendation for therapeutic intervention.

Release Signature: _____

* Based on Featherstones clinically proven Caries Risk Assessment.

* Caries risk criteria as defined by the American Dental Association Council on Scientific Affairs, JADA August 2006.