

Caries Risk Assessment		Date:		
		Low Risk	Moderate Risk	High Risk
Contributing Condition		Check or Circle the conditions that apply		
I.	Fluoride Exposure (through drinking water, supplements, professional application, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	Sugary foods or Drinks	<input type="checkbox"/> At mealtimes		<input type="checkbox"/> Frequent
III.	Regular Dental Care: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions		Check or Circle the conditions that apply		
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate health care by themselves or caregivers)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (age>14)	<input type="checkbox"/> Yes (ages 6-14)
II.	Chemo/Radiation Therapy	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Medications that reduce salivary flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Clinical Conditions		Check or Circle the conditions that apply		
I.	Cavitated or Non- Cavitated (incipient) Carious Lesions or Restorations (Visually or radiographically)	<input type="checkbox"/> No new ones in last 36 months	<input type="checkbox"/> 1 or 2 new ones in last 36 months	<input type="checkbox"/> 3 or 4 new ones in last 36 months
II.	Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Debris and calculus	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Interproximal Restorations- 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	Exposed Root Surfaces present	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VII.	Restorations with overhangs and/or Open Margins; Open Contacts with food impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII.	Dental or orthodontic appliances (Fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IX.	Severe dry mouth (Xerostomia)	<input type="checkbox"/> No		<input type="checkbox"/>
Overall assessment of Dental Caries Risk		<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High

Low Risk= only condition in “Low Risk” column present;

Moderate Risk=only condition in “Low” and/or “Moderate Risk” column present;

High Risk= one or more conditions in “High Risk” column present

ICDAS SCORING

Date:

55	54	53	52	51	61	62	63	64	65						
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
85	84	83	82	81	71	72	73	74	75						

2 digit codes: A restoration/sealant code followed by a caries code used to chart findings

Example: Unrestored and sound tooth surface=00 Unrestored cavity in dentin=05

Amalgam with no caries=40

Composite with early enamel caries=31

Restoration or sealant code	Caries code
0=Not sealed or restored	0=Sound
1=Sealant, Partial	1 =First visual change in enamel (Seen only after prolonged air drying or restricted to confines of a pit or fissure)
2=Sealant, Full	2=Distinct visual change in enamel
3=Tooth colored restoration	3= Localized enamel breakdown(without clinical visual signs of dental involvement)
4=Amalgam restoration	4=Underlying dark shadow from dentin
5=Stainless steel crown	5=Distinct cavity with visible dentin
6=Porcelain/gold/PFM crown/Veneer	6=Extensive cavity with visible dentin
7=Lost or broken restoration	
8=Temporary restoration	
9=used for following reasons	
90=implant for other non-caries related reasons	
91=implant placed due to caries	
92 = Pontic placed for non-carious reasons	
93 = Pontic placed for carious reasons	
96 = Tooth surface cannot be examined: surface excluded	
97 = Tooth missing because of caries (tooth surfaces will be coded 97)	
98 = Tooth missing for reasons other than caries (all tooth surfaces will be coded 98)	
99 = Un erupted (tooth surfaces coded 99)	