CRA FORM

Adults and Children Age 6+

First name: _____ Last name: _____ Date: _____

Due to new research on cavities and what causes them, we know everyone is at risk of developing decay at some point during their lifetime. The goal of this assessment form and the bacterial screening test is to determine your likelihood of experiencing new decay in the next 12 months. 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. Questions about this form? See the back for Q&A.

PATIENT USE

Would you like a free bacterial screening test to help determine your risk for cavities? (The test is a quick, painless swab of your teeth.)	**yes**		**no**
If diagnosed at risk for cavities today, would you be interested in discussing treatment options?	yes	maybe	no
If needed, are you willing to modify your dietary habits?	yes	maybe	no

RISK FACTORS

Do you notice plaque build-up on your teeth between brushings?	**no**	**yes**
Do you take medications daily? If yes, how many? (#____)	**no**	**yes**
Do you feel like you have a dry mouth at any time of the day or night?	**no**	**yes**
Do you drink liquids other than water more than 2 times daily between meals?	**no**	**yes**
Do you snack daily between meals?	**no**	**yes**
Do you have oral appliances present?	**no**	**yes**
Do any of these other health concerns apply to you? (check all that apply) ☐ Frequent tobacco use ☐ Other drug use ☐ Acid reflux ☐ Bulimia ☐ Diabetes ☐ Sjogren's Syndrome ☐ Head/neck radiation therapy	**no**	**yes**

CLINICIAN USE ONLY

DISEASE INDICATORS

New/Progressing Visible Cavitations	**no**	**yes**
New/Progressing Approximal Radiographic Radiolucencies	**no**	**yes**
New/Active White Spot Lesions	**no**	**yes**
Decay History is a Concern	**no**	**yes**

BIOFILM CHALLENGE

CariScreen Bacterial Assessment (0-1500 low, 1501-9999 high)	**low**	**high**

PROFESSIONAL ASSESSMENT SUMMARY

Risk Factors are a Concern	**no**	**yes**
Disease Indicators are a Concern	**no**	**yes**
Biofilm Challenge is a Concern	**no**	**yes**

RISK IDENTIFICATION Transfer information above to boxes below to determine risk.

N Y ☐ ☐ Risk Factors ☐ ☐ Disease Indicators ☐ ☐ Biofilm Challenge	N Y ☐ ☐ Risk Factors ☐ ☐ Disease Indicators ☐ ☐ Biofilm Challenge	N Y ☐ ☐ Risk Factors ☐ ☐ Disease Indicators ☐ ☐ Biofilm Challenge	N Y ☐ ☐ Risk Factors ☐ ☐ Disease Indicators ☐ ☐ Biofilm Challenge	N Y ☐ ☐ Risk Factors ☐ ☐ Disease Indicators ☐ ☐ Biofilm Challenge
LOW RISK	**MODERATE RISK**	**HIGH RISK**	**HIGH RISK**	**HIGH/EXTREME RISK**
1	**2**	**3**	**4**	**5**

☐ RECOMMENDED ☐ PROVISIONAL ☐ DECLINE

PATENT PENDING ©CariFree