

: _____ I.D.# _____

: _____ Is this (please circle) baseline or recall

_____				_____
_____				_____
(a) Has active dental decay in the past year				
(b) Frequent _____ between-meal snacks				# times/day: Types:
(c) Drinks sports beverages				# times/day:
(d) Recreational drug/tobacco/alcohol use				
(e) Saliva-Reducing factors (medications/radiation/systemic)				
(f) Child or adolescent has special health care needs				
(g) Orthodontic appliances				

(a) Home/work/school in fluoridated community				Zip Code:
(b) Fluoride toothpaste at least 2x daily				# times/day:
(c) Fluoride mouthrinse (0.05% NaF) daily				
(d) 5000 ppm F fluoride toothpaste daily				
(e) Fluoride varnish in last 6 months				
(f) Chlorhexidine prescribed/used one week each month during the last 6 months				
(g) Xylitol gum/lozenges 4x daily last 6 months				
(h) Calcium and phosphate paste during last 6 months				

(a) Visible cavities or radiographic penetration of the dentin				
(b) Radiographic proximal enamel lesions (not in dentin)				
(c) White spots on smooth surfaces				
(d) Restoration in the last 3 years				
(e) Plaque is obvious on the teeth and/or gums bleed easily				
(f) Visually inadequate saliva flow				
(g) Exposed roots				
(h) Deep pits and fissures				
(i) New remineralization since last visit (List teeth):				Teeth:

EXTREME RISK=HIGH RISK + SEVERE SALIVARY GLAND HYPOFUNCTION

Bacteria/Saliva Test Results: MS: LB: Flow Rate: ml/min: Date:

~~6LQH/ DVWQVW~~
1HZBYLWDWLRQ < 1
1HZ:KLWH6 SRWVLRQ < 1
'HNDQ3DLQ ‡
5HIHUUDOSH25,9 2UDO6HGDWLRQ

QLDQFLDQV6LDQWXUH _____ Date: _____