

FOR CHILDREN
0-6 years of age

CARIES RISK ASSESSMENT



DATE:
PATIENT NAME:

CARIES PROMOTING FACTORS

CARIES PROTECTING FACTORS

Medicaments influencing oral health Sugar-containing medicaments, sirup etc.	<input checked="" type="checkbox"/> if yes	<input type="checkbox"/>
Child is a recent immigrant or with a family of low socioeconomic status	<input checked="" type="checkbox"/> if yes	<input type="checkbox"/>
Night-time use of bottle containing natural or added sugar or child nurses on demand	<input checked="" type="checkbox"/> if yes	<input type="checkbox"/>
Heavy plaque load on teeth	<input checked="" type="checkbox"/> if yes	<input type="checkbox"/>
Sugar inputs	<input checked="" type="checkbox"/> ≥ 4x per day <input checked="" type="checkbox"/> ≥ 6x per day	<input type="checkbox"/> <input type="checkbox"/>
Active white spots lesions/cavities/fillings	<input checked="" type="checkbox"/> 1x <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 2x <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ≥ 3x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Additional home measures	<input checked="" type="checkbox"/> if yes	<input type="checkbox"/>

<input type="checkbox"/> <input type="checkbox"/>	1x / day <input checked="" type="checkbox"/> ≥ 2x / day <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1x per year <input checked="" type="checkbox"/> 2x per year <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ≥ 3x per year <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> if yes

Oral hygiene with fluridated
toothpaste

Professional prophylaxis

Additional special measures

TOTAL

MEASURES TO REDUCE CARIES RISK:
Always recommend when red exceeds green