

Centene Dental Caries Risk Assessment Form



Patient First Name		Last Name		
Patient ID#		Age	Date of Birth	
Assessment Date				
Choose One Baseline Assessment Follow-Up Assessment				
Assessment through interview and clinical examination		Check All That Apply		
		High Risk	Moderate Risk	
1. Risk Factors (Biological and Behavioral Predisposing Factors)				
a.	Child sleeps with a bottle containing liquid other than water, or nurses on demand		Yes <input type="checkbox"/>	No Risk Factors
b.	Frequent use of beverages other than water, including sugary beverages, soda or juices		Yes <input type="checkbox"/>	
c.	Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods, including dried fruit		Yes <input type="checkbox"/>	
d.	Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes <input type="checkbox"/>	
e.	Person has developmental disability / PSHCN (person with special health needs)		Yes <input type="checkbox"/>	
f.	Teeth not brushed with fluoride toothpaste twice per day		Yes <input type="checkbox"/>	
g.	Exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate		Yes <input type="checkbox"/>	
2. Disease Indicators/Risk Factors (Clinical Examination)				
a.	Obvious white spots, decalcifications, enamel defects or obvious decay present on teeth	Yes <input type="checkbox"/>		No Disease Indicators
b.	Restorations in the past 12 months (past caries experience)	Yes <input type="checkbox"/>		
c.	Plaque is obvious on the teeth and/or gums bleed easily	Yes <input type="checkbox"/>		
Overall Assessment of Risk (Check One)		High <input type="checkbox"/> D0603	Moderate <input type="checkbox"/> D0602	Low <input type="checkbox"/> D0601

YES to any one indicator in the High Risk column = **HIGH RISK** (Presence of disease or recent disease).
 YES, to one or more factors/indicators in the Moderate Risk column in the absence of any High Risk indicators = **MODERATE RISK** (Presence of a risk factor, no disease).
 Absence of factors in either high or moderate risk categories = **LOW RISK**

RISK ASSESSMENT CODE THIS VISIT: D060__ RISK ASSESSMENT CODE LAST VISIT: D060__