

Instructions for use:

This tool is intended for documenting caries (cavity) risk of the child, however, two risk factors are based on the primary caregiver's oral health. All other factors and findings should be documented based on the child.

Patient Name: _____ Date of Birth: _____

Today's Date: _____ Phone Number: _____

Risk Factors

Primary caregiver/family members had active tooth decay in the past 12 months

Yes No

Primary caregiver/family members do not have a primary dentist

Yes No

Continual bottle/sippy cup use with fluid other than water

Yes No

Frequent snacking

Yes No

Special health care needs

Yes No

AHCCCS eligible

Yes No

Protective Factors

Drinks fluoridated water or takes fluoride supplements

Yes No

Does your child brush their teeth or have their teeth brushed twice daily

Yes No

Has your child ever been to the dentist

Yes No

Date of last dental visit: _____

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable with caring for children should be made with follow-up to ensure that the child is being cared for in a dental home.