

CRA FORM

First name: _____ Last name: _____ Date: _____

Adults and Children Age 6+

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.)	<input type="checkbox"/> yes	<input type="checkbox"/> no
If diagnosed at risk for cavities today, would you be interested in discussing treatment options?	<input type="checkbox"/> yes	<input type="checkbox"/> maybe <input type="checkbox"/> no
If needed, are you willing to modify your dietary habits?	<input type="checkbox"/> yes	<input type="checkbox"/> maybe <input type="checkbox"/> no

RISK FACTORS

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

DISEASE INDICATORS

New/Progressing Visible Cavitations	<input type="checkbox"/> no	<input type="checkbox"/> yes
New/Progressing Approximal Radiographic Radiolucencies	<input type="checkbox"/> no	<input type="checkbox"/> yes
New/Active White Spot Lesions	<input type="checkbox"/> no	<input type="checkbox"/> yes
Decay History is a Concern	<input type="checkbox"/> no	<input type="checkbox"/> yes

BIOFILM CHALLENGE

CariScreen Bacterial Assessment (0-1500 low, 1501-9999 high)	<input type="checkbox"/> low	<input type="checkbox"/> high
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PROFESSIONAL ASSESSMENT SUMMARY

Risk Factors are a Concern	<input type="checkbox"/> no	<input type="checkbox"/> yes
Disease Indicators are a Concern	<input type="checkbox"/> no	<input type="checkbox"/> yes
Biofilm Challenge is a Concern	<input type="checkbox"/> no	<input type="checkbox"/> yes

RISK IDENTIFICATION

Transfer information above to boxes below to determine risk.

<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators <input type="checkbox"/> Biofilm Challenge
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LOW RISK

MODERATE RISK

HIGH RISK

HIGH RISK

HIGH/EXTREME RISK

1

2

3

4

5

CLINICIAN USE ONLY

RECOMMENDED PROVISIONAL DECLINE

Biofilm Challenge # _____ Patient Initial _____