

**California Department of Health Care Services
Domain #2 Caries Risk Assessment Form for Children <6 Years of Age**

Patient Name: _____
 ID# _____ Age: _____ Date of Birth: _____
 Assessment Date: _____
 Please indicate whether this is a BASELINE assessment or a FOLLOW-UP VISIT _____
 Provide follow-up visit #) _____

RISK ASSESSMENT

Assessment through interview and clinical examination	High Risk	Moderate Risk	Low risk	Priority for Self-management goal
	Check All That Apply			

1. Risk factors (Biological and Behavioral Predisposing factors)

(a) Child sleeps with a bottle containing a liquid other than water, or nurses on demand		Yes <input type="checkbox"/>	No risk factors	
(b) Frequent use beverages other than water including sugary beverages, soda or juice		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) Child has developmental disability /CSHCN (child with special health care needs)		Yes <input type="checkbox"/>		
(f) Child's teeth not brushed with fluoride toothpaste by an adult twice per day		Yes <input type="checkbox"/>		
(g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate		Yes <input type="checkbox"/>		

2. Disease indicators/risk factors – clinical examination of child

(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes <input type="checkbox"/>	No disease indicators	No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	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)	HIGH <input type="checkbox"/> Code 0603	MODERATE <input type="checkbox"/> Code 0602	LOW <input type="checkbox"/> Code 0601	

*YES to any one indicator in the HIGH RISK COLUMN = **HIGH RISK** [Presence of disease or recent disease experience]. 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 indicator; 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 D 060** _____

SELF MANAGEMENT GOALS AND PLANS

3. (a) Identify one or two Self-Management Goals for parent/caregiver	
(b) Counsel the mother or primary caregiver to seek dental care	Yes <input type="checkbox"/> No <input type="checkbox"/>

Plan for next visit: _____

Signature: _____ Date: _____

Note: Adapted from CAMBRA risk assessment, CDA Journal, October 2011, vol 139, no 10

Example of a Caries Management Protocol for Children <6 years of Age

Risk Category	Visit	Fluoride	Counseling (age appropriate)	Sealants on permanent teeth	Treatment ²
High Risk	Every 3 months	Topical fluoride Supplements in non-fluoridated areas	Twice daily brushing with fluoride toothpaste Feeding habits Diet	Yes	Active surveillance of incipient lesions Silver diamine fluoride Restoration of cavitated lesions with Interim Therapeutic Restoration (ITR) or definitive treatment
Moderate Risk	Every 4 months	Topical fluoride Supplements in non-fluoridated areas	Twice daily brushing with fluoride toothpaste Feeding habits Diet	Yes	Active surveillance of incipient lesions Silver diamine fluoride Restoration of cavitated lesions with ITR or definitive treatment
Low Risk	Every 6 months	Topical fluoride	Twice daily brushing with fluoride toothpaste Feeding habits Diet	Indicated for teeth with deep pits and fissures.	Surveillance

². Management of dental caries should take into consideration a more conservative approach that includes age of the individual, risk for caries progression, active surveillance, application of preventive measures, potential for arresting the disease process, and restoration of lesions with interim therapeutic restorations.

Note: Adapted from Guideline of Caries-risk Assessment and Management for Infants, Children and Adolescents. AAPD Reference Manual 2014.