

**California Department of Health Care Services  
Caries Risk Assessment Form for Children Ages 0-6 Years of Age**

Patient Legal Name: \_\_\_\_\_

BIC Number \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Type of Assessment: ☐ Baseline Assessment

☐ Follow-Up Visit

If Applicable, Provide Follow-Up Visit Number: \_\_\_\_\_

**RISK ASSESSMENT**

Assessment through interview and clinical examination	High Risk	Moderate Risk	Low Risk	Priority for Self- Management Goal
	Check All That Apply			
<b>1. Risk Factors (Biological and Behavioral Predisposing Factors)</b>				
(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 of 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 a developmental disability/CSHCN (child with special health care needs).		Yes <input type="checkbox"/>		
(f) Child's teeth are 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 <b>inadequate</b> .		Yes <input type="checkbox"/>		
<b>2. Disease Indicators/Risk Factors – Clinical Examination of Child</b>				
(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth.	Yes <input type="checkbox"/>		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"/>		
<b>Overall Assessment of Risk * (Check)</b>	<b>High <input type="checkbox"/></b> <b>Code D0603</b>	<b>Moderate <input type="checkbox"/></b> <b>Code D0602</b>	<b>Low <input type="checkbox"/></b> <b>Code D0601</b>	
<p>*YES to any one indicator in the HIGH RISK COLUMN = <b>HIGH RISK</b> (presence of disease or recent disease experience).</p> <p>YES to one or more factors/indicators in the MODERATE RISK COLUMN in the absences of any HIGH RISK indicators = <b>MODERATE RISK</b> (presence of a risk indicator; no disease).</p> <p>Absence of indicators in either HIGH or MODERATE RISK COLUMNS = <b>LOW RISK</b>.</p> <p><b>RISK ASSESSMENT CODE THIS VISIT: D060</b>____</p> <p><b>RISK ASSESSMENT CODE LAST VISIT: D060</b>____</p>				

**SELF-MANAGEMENT GOALS AND PLANS****3. (a) Identify one or two Self-Management Goals for the parent/caregiver.****(b) Counsel the parent or primary caregiver to seek dental care.**☐ Yes☐ No

Plan for Next Visit: \_\_\_\_\_

Print Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Caregiver Name: \_\_\_\_\_

Parent/Caregiver  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The parent or caregiver should sign the CRA form to confirm they have reviewed the information with the provider.

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 and Under**

<b>Risk Category</b>	<b>Visit</b>	<b>Fluoride</b>	<b>Counseling (Age Appropriate)</b>	<b>Sealants on Permanent Teeth</b>	<b>Treatment<sup>2</sup></b>
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 (SDF) - 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 - SDF - 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.