Patient Name:

CUPERTINO
Pediatric Dentistry

Assessing your child's risk for dental caries

	Yes	No	Notes
Part I- Health and Diet history			
Does your child have special health care needs including physical, developmental, mental, sensory, behavioral, cognitive or emotional impairment?	○	○	
Has your child visited the dentist regularly (every 6 months)?	○	○	
Does your child have 3 or more snacks per day?	○	○	
Does your child drink soda, juice (diluted or regular) or sports drinks 2 or more times a day? (includes on demand use of bottle/sippy cup containing liquids other than water)	○	○	
Is your child currently nursing or using a bottle?	○	○	
Part II- Dental history			
Has your child had cavity in the last 3 years?	○	○	
Does your child have a condition or take medication that reduces saliva flow?	○	○	
Does your child wear braces or orthodontic appliances?	○	○	
Do the child's parent and/or siblings have cavities that were recently treated?	○	○	
Part III- Clinical evaluation –TO BE COMPLETED AT DENTAL VISIT			
Is there visible plaque/ build up, calculus?			
Are there visible cavitations?			
Does the child have deep pits/ fissures?			
Are there white spot lesions?			
Is gingivitis present?			
Part IV- Protective factors			
Are the child's teeth/gums brushed at least 2 times a day? After meals?	○	○	
Do you assist your child with toothbrushing?	○	○	
Does your child use fluoride toothpaste?	○	○	
Does your child drink fluoridated water?	○	○	
Does your child use a fluoride mouthwash?	○	○	
Does your child take a fluoride drop/tablet?	○	○	
Does your child use xylitol gum/mints?	○	○	

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