

CRA FORM

First name: _____ Last name: _____ Date: _____

Children Age 0-5

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.

Would you like a free assessment for your child to help determine his/her risk for cavities?	yes		no	
If diagnosed at risk for cavities today, would you be interested in discussing treatment options for your child?	yes	maybe	no	
If needed, are you willing to modify your child's dietary habits?	yes	maybe	no	

RISK FACTORS

I notice plaque build-up on my child's teeth.	no	yes
My child takes medication daily. (#____)	no	yes
My child sees the same dentist regularly.	no	yes
My child has special needs that prohibit adequate care at home.	no	yes
My child continuously sips on something other than water during the day, sleeps with a bottle, or nurses on demand.	no	yes
My child snacks 1-3 times daily between meals.	no	yes
Do any of these other health concerns apply to your child? (check all that apply)	no	yes
<input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Other		

PATIENT USE

Inadequate saliva flow	no	yes
Appliances present	no	yes

DISEASE INDICATORS

Mother/Caregiver Active Caries	no	yes
New/Progressing Visible Cavitations	no	yes
New/Progressing Approximal Radiographic Radiolucencies	no	yes
New/Active White Spot Lesions	no	yes
Decay History is a Concern	no	yes

PROFESSIONAL ASSESSMENT SUMMARY

Risk Factors are a Concern	no	yes
Disease Indicators are a Concern	no	yes

RISK IDENTIFICATION

Transfer information above to boxes below to determine risk.

N Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators	N Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators	N Y <input type="checkbox"/> Risk Factors <input type="checkbox"/> Disease Indicators
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

LOW/MODERATE RISK

MODERATE RISK

HIGH/EXTREME RISK

1

2

3

 RECOMMENDED PROVISIONAL DECLINE

BIOFILM CHALLENGE (OPTIONAL)

CariScreen Bacterial Assessment is a concern (0-1500 low, 1501-9999 high)	low	high
------------------------------------------------------------------------------	-----	------

CLINICIAN USE ONLY