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

Patient Name		
ID#	Age:	_ Date of Birth:
Assessment Date:		
Type of Assessment:	 ☐ Baseline Assessm ☐ Follow-Up Visit 	nent

If Applicable, Provide Follow-Up Visit #_____

RISK ASSESSMENT

Assessment through interview	High Risk	Moderate Risk	Low Risk	Priority for Self-	
and clinical examination	Check All That Apply			Management Goal	
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 🗌			
(b) Frequent use of beverages other than water, including sugary beverages, soda or juice.		Yes 🗌			
(c) Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods including dried fruit.		Yes 🗌			
(d) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow.		Yes 🗌	No risk factors		
(e) Child has a developmental disability/CSHCN (child with special health care needs).		Yes 🗌			
(f) Child's teeth are not brushed with fluoride toothpaste by an adult twice per day.		Yes 🗌			
(g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate .		Yes 🗌			

	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 🗌	No disease indicators	No		
(b) Restorations in the past 12 months (past caries experience for the child).	Yes 🗌		disease indicators		
(c) Plaque is obvious on the teeth and/or gums bleed easily.		Yes 🗌			
	High 🗌	Moderate 🗌	Low 🗌		
Overall Assessment of Risk	_				
(Check)	Code	Code	Code		
	D0603	D0602	D0601		
*Yes to any one indicator in the HI disease experience).				e of disease or recent	
	GH RISK CC	DUMN = HIGH RI	SK (presenc	ne absences of any	
disease experience). YES to one or more factors/indicat	GH RISK CC ors in the MC TE RISK (pro	DUMN = HIGH RI DDERATE RISK C esence of a risk in	SK (presenc OLUMN in tl dicator; no d	ne absences of any isease).	

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	🗌 Yes			
care.	□ No			

Plan for Next Visit:

Signature: _____ Date: _____

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

Example of Caries Management Protocol for Children 6 Years of Age and Under

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 (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.