

CRA FORM

First name: _____ Last name: _____ Date: _____

Adults and Children Age 6+

Due to new research on cavities and what causes them, we are moving toward a standard of care that can offer earlier detection and treatment. 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 the information on this form? See the back for Q&A.

PATIENT USE

Would you like a free screening test today to determine if you have the bacterial infection that causes cavities?	no		yes	
If diagnosed at risk for cavities today, would you be interested in discussing treatment options?	no	maybe		yes
If needed, are you willing to modify your dietary habits?	Not an option	I could, but don't want to		Sure

RISK FACTORS

I notice plaque build-up on my teeth.	no	yes
I take medications daily. (# _____)	no	yes
I suffer from dry mouth at times during the day.	no	yes
I drink things other than milk or water more than 2 times daily (other than with meals).	no	yes
I like to snack 1-3 times daily between meals.	no	yes
I have oral appliances present.	no	yes
Do any of these other health concerns apply to you? (check all that apply)	no	yes
<input type="checkbox"/> Frequent tobacco use <input type="checkbox"/> Other drug use <input type="checkbox"/> Acid reflux <input type="checkbox"/> Bulimia <input type="checkbox"/> Diabetes <input type="checkbox"/> Sjogren's Syndrome		

CLINICIAN USE ONLY

DISEASE INDICATORS

Visible Cavitations	no	yes
Radiographic Lesions	no	yes
White Spot Lesions	no	yes
Cavity in Last 3 Years	no	yes

BIOFILM CHALLENGE

CariScreen Bacterial Assessment	low <1500	high ≥1501
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ASSESSMENT SUMMARY

Risk Factors	no	yes
Disease Indicators	no	yes
Biofilm Challenge	low	high

DIAGNOSIS Transfer information above to boxes below to determine risk.

<input type="checkbox"/> <input type="checkbox"/> Risk Factors <input type="checkbox"/> <input type="checkbox"/> Disease Indicators <input type="checkbox"/> <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> <input type="checkbox"/> Risk Factors <input type="checkbox"/> <input type="checkbox"/> Disease Indicators <input type="checkbox"/> <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> <input type="checkbox"/> Risk Factors <input type="checkbox"/> <input type="checkbox"/> Disease Indicators <input type="checkbox"/> <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> <input type="checkbox"/> Risk Factors <input type="checkbox"/> <input type="checkbox"/> Disease Indicators <input type="checkbox"/> <input type="checkbox"/> Biofilm Challenge	<input type="checkbox"/> <input type="checkbox"/> Risk Factors <input type="checkbox"/> <input type="checkbox"/> Disease Indicators <input type="checkbox"/> <input type="checkbox"/> Biofilm Challenge	P C D
LOW RISK		MODERATE RISK		HIGH RISK	
1		2		3	
4		5			