

Name:

Date:

Biological/Environmental Risk Factors

NO

YES

Saliva

Does your child take medications daily
(If so, how many?)

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My child seems to have a dry mouth at some
point during the day or night

Diet

Frequent snacking on sugary or sticky snacks
(between meals?)

Continual bottle or sippy cup use with drinks other
than water (juice, soda, chocolate milk, etc.)

Biofilm

I notice plaque build-up on my child's teeth

Socioeconomic

Eligible for Government Programs (WIC,
HeadStart, Medicaid, CHIP)

Preventive Factors

NO

YES

Drinks fluoridated water

Uses fluoride toothpaste at least two times a day

Disease Indicators

	NO	YES
Mother or Primary caregiver had active decay in the last 6 months	<input type="checkbox"/>	<input type="checkbox"/>
White spots or decalcifications	<input type="checkbox"/>	<input type="checkbox"/>
Restorations present (fillings, silver teeth)	<input type="checkbox"/>	<input type="checkbox"/>
Obvious decay	<input type="checkbox"/>	<input type="checkbox"/>

Risk Identification

Healthy	Risk Factors Present	Disease Indicators Present
<input type="checkbox"/> Low Risk	<input type="checkbox"/> Moderate Risk	<input type="checkbox"/> High Risk

Action Plan

	Low Risk	Moderate Risk	High Risk
Apply fluoride varnish	Every 6 Months	Every 4 Months	Every 3 Months
Refer to a dental home	Yes	Yes	Yes
Recommend limiting sugary snacks and drinks	Yes	Yes	Yes
Stress daily brushing and flossing with fluoride toothpaste	Yes	Yes	Yes