

CRA Form

Adults and Children 6+

First name: _____ Last name: _____ Date: _____

Risk Factors <i>Circle one:</i>		
PATIENT USE	Saliva	NO YES
	Do you take medications daily? If so, how many?	NO YES (_____)
	Do you feel as though you have a dry mouth at any time of the day or night?	NO YES
	Diet	
	Do you drink liquids other than water more than 2 times daily between meals?	NO YES
	Do you snack daily between meals?	NO YES
CLINICIAN USE ONLY	Biofilm	
	Do you notice plaque build-up on your teeth between brushings?	NO YES
	CariScreen reading results:	LOW (0-1500) HIGH (1501-9999)
	Disease Indicators <i>Circle one:</i>	
	New/Progressing visible cavitations?	NO YES
	New/Progressing approximal radiographic radiolucencies?	NO YES
	New/Active white spot lesions?	NO YES
	Is decay history a concern?	NO YES

Risk Identification *Transfer information above to boxes below to determine risk.*

Healthy	+Risk Factors	+Disease Indicators / High CariScreen
1 - Low Risk	2 - Moderate Risk	3 - High Risk
CDT Code D0601	CDT Code D0602	CDT Code D0603