

# CRA Form

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date: \_\_\_\_\_

Adults and Children 6+

Risk Factors <i>Circle one:</i>		
P A T I E N T U S E	<b>Saliva</b>	
	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
	<b>Diet</b>	
	Do you drink liquids other than water more than 2 times daily between meals?	NO YES
	Do you snack daily between meals?	NO YES
	<b>Biofilm</b>	
	Do you notice plaque build-up on your teeth between brushings?	NO YES
	CariScreen reading results:	LOW HIGH (0-1500) (1501-9999)
C L I N I C I A N U S E O N L Y	<b>Disease Indicators <i>Circle one:</i></b>	
	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