

CRA Form

First name: _____ Last name: _____ Date: _____

Kids Ages 0-5

Risk Factors <i>Circle one:</i>		
PATIENT USE	Saliva	
	My child takes medications daily. (If so, how many?)	NO YES (_____)
	My child seems to have a dry mouth at some point during the day or night.	NO YES
	Diet	
	My child continuously sips on something other than water during the day, sleeps with a bottle, or nurses on demand.	NO YES
	My child snacks 1-3 times daily between meals.	NO YES
Biofilm		
	I notice plaque build-up on my child's teeth.	NO YES
	CariScreen reading results:	LOW HIGH (0-1500) (1501-9999)
Disease Indicators <i>Circle one:</i>		
CLINICIAN USE ONLY	Mother/Caregiver active caries?	NO YES
	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
1 - Low Risk	2 - Moderate Risk	3 - High Risk
CDT Code D0601	CDT Code D0602	CDT Code D0603



Product Recommendation Guide 0-2

1 - Low Risk 0-2	2 - Moderate Risk 0-2	3 - High Risk 0-2
<p>No intervention necessary</p>	 <p>Any of the above may be recommended</p>	 <p>Both of the above may be recommended</p>

Product Recommendation Guide 3-5

1 - Low Risk 3-5	2 - Moderate Risk 3-5	3 - High Risk 3-5
<p>No intervention necessary</p>	 <p>Any of the above may be recommended</p>	 <p>Both of the above may be recommended</p>

Product Recommendation Guide 6+

1 - Low Risk 6+	2 - Moderate Risk 6+	3 - High Risk 6+
<p>No intervention necessary</p>	 <p>Any of the above may be recommended</p>	 <p>Both of the above may be recommended</p>