

CRA Form

First name: _____ Last name: _____ Date: _____

Adults and Children 6+

| | | |
|---|--|----------------------------------|
| Risk Factors <i>Circle one:</i> | | |
| PATIENT USE | Saliva | |
| | 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 HIGH (0-1500) (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 |
| 1 - Low Risk | 2 - Moderate Risk | 3 - High Risk |
| CDT Code D0601 | CDT Code D0602 | CDT Code D0603 |