



Instructions for the Oklahoma Health Care Authority Caries Risk Assessment Form (Age 0-6)

Overall assessment of caries risk: Select low risk only when only conditions in the low-risk column are present. Select moderate risk when there are conditions present in a combination of the low-risk and moderate-risk columns, but not in the high-risk column. Select high-risk when one or more conditions exist in the high-risk column.

The clinical judgement of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow-up patient or other risk factors not listed may be present. In cases where clinical judgement of the dentist apply, additional narrative justifying your scoring is required.

This assessment cannot address every aspect of a patient's health and is not a replacement for the dentist's inquiry and judgement. Additional or more focused assessment may be appropriate for patients with specific health concerns. Finally, this assessment may be only a starting point for evaluating a patient's health status.

This modified caries risk assessment tool is for the use of SoonerCare dental partners. It was originated by the American Dental Association for its members and is based on the opinion of experts who utilized the most up-to-date scientific information available. OHCA partner dentists are encouraged to complete and upload this information on a weekly basis through the secure provider portal.

OHCA is also interested in your opinion regarding this form. Please contact the OHCA dental unit at 405-522-7401 to share your thoughts.



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

okhca.org
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



Patient Name/Member ID _____ Date _____

Birthday _____ Age _____ Rendering Person's Initials _____

	Low Risk	Moderate Risk	High Risk
Contributing Conditions	Place an X in the box adjacent to applicable conditions.		
Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	Yes	No	
Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes	Frequent or prolonged between meal exposures/day	Bottle or sippy cup with anything other than water at bedtime
Caries Experience of Mother, Caregiver and/or other Siblings	No carious lesions in last 24 months	Carious lesions in last 7-23 months	Carious lesions in last 6 months
Dental Home: established patient of record in a dental office	Yes	No	
General Health Conditions	Place an X in the box adjacent to applicable conditions.		
Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	No		Yes
Clinical Conditions	Place an X in the box adjacent to applicable conditions.		
Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions	No new carious lesions or restorations in last 24 months		Carious lesions or restorations in last 24 months
Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months		New lesions in last 24 months
Teeth Missing Due to Caries	No		Yes
Visible Plaque	No	Yes	
Dental/Orthodontic Appliances Present (fixed or removable)	No	Yes	
Salivary Flow	Visually adequate		Visually inadequate
Overall assessment of dental caries risk	LOW	MODERATE	HIGH

Instructions for Caregiver _____

Provider Signature _____

Parent or Guardian Signature _____