

Instructions for the Oklahoma Health Care Authority Caries Risk Assessment Form

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in “Low Risk” column present; Moderate Risk = conditions present in combination of columns (no more than one high risk); High Risk = two or more conditions in the “High Risk” column present.

The clinical judgment 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.

This assessment cannot address every aspect of a patient’s health and is not a replacement for the dentist’s inquiry and judgment. 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 (ADA) 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 opinions regarding the use of this form. Please contact the OHCA Dental Unit at 405-522-7401 to share your thoughts.

Provider Signature	
Patient, Parent or Guardian Signature	

CARIES RISK ASSESSMENT FORM

Patient Name/Member ID:

Date:

Birth Date:

Age:

Rendering Person's Initials:

• Check the conditions that apply •

CONTRIBUTING CONDITIONS

Fluoride Exposure (e.g., through drinking water, supplements, professional applications, or toothpaste)

Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks and medicinal syrups)

Caries Experience of Mother, Caregiver and/or Other Siblings

Dental Home (established patient of record, receiving regular dental care in a dental office)

GENERAL HEALTH 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)

Drug/Alcohol Abuse

CLINICAL CONDITIONS

Cavitated or Non-cavitated Carious Lesions or Restorations (visually or radiographically evident)

Teeth Missing Due to Caries in Past 24 Months

Heavy Plaque Accumulation

Unusual Tooth Morphology that Compromises Oral Hygiene

Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction

Dental/Orthodontic Appliances (fixed or removable)

Severe Dry Mouth (Xerostomia)

	Low Risk Yes	Moderate Risk No	High Risk
Primarily at mealtimes		1 – 2 between meal exposures/day	3 or more between meal exposures/day
No carious lesions in last 24 months		Carious lesions in last 18 months	Carious lesions in last 12 months
	Yes	No	
	No		Yes
No new carious lesions or restorations in last 36 months		1 or 2 new carious lesions or restorations in last 36 months	3 or more carious lesions or restorations in last 36 months
	No	Yes	
	No	Yes	
	No	Yes	
	No	Yes	
	No		Yes

OVERALL ASSESSMENT OF DENTAL CARIES RISK:

Low

Moderate

High

Patient Instructions: