



Oral Health Risk Factors

Make All:

Yes No N/A

- Mother or primary care giver had active decay in the last 12 months (KEY FACTOR)?
- Mother or primary caregiver does not have a dentist?
- Continual bottle/sippy cup use with fluid other than water?
- Frequent Snacking?
- Special health care needs?
- Medicaid eligible?
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Oral Health Protective Factors

Make All:

Yes No N/A

- Existing dental home?



- Drinks fluoridated water or takes fluoride supplements?
- Flouride varnish in the last 6 months?
- Has teeth brushed twice daily?
- add item

Oral Health Clinical Findings

Make All:

Yes No N/A

- (KEY) White spots or visible decalcifications in the past 12 months?
- (KEY) Obvious decay?
- (KEY) Restorations (fillings) present?
- Visible plaque accumulation?
- Gingivitis (swollen/bleeding gums)?
- Teeth present?



Healthy teeth?

notes

add item

notes

Navigational Anchors in Oral Health Risk Assessment

1. Oral Health Risk Factors
2. Oral Health Protective Factors
3. Oral Health Clinical Findings?