

CRA FORM

First name: _____ Last name: _____ Date: _____

Adults and Children Age 6+

PATIENT USE

RISK FACTORS

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| Do you notice plaque build-up on your teeth between brushings? | no | yes |
| Do you take medications daily? If yes, how many? (#____) | no | yes |
| Do you feel like you have a dry mouth at any time of the day or night? | no | yes |
| Do you drink liquids other than water more than 2 times daily between meals? | no | yes |
| Do you snack daily between meals? | no | yes |
| Do you have oral appliances present? | no | yes |
| Do any of these other health concerns apply to you? (check all that apply) <input type="checkbox"/> Frequent tobacco use <input type="checkbox"/> Other drug use <input type="checkbox"/> Acid reflux <input type="checkbox"/> Bulimia <input type="checkbox"/> Diabetes <input type="checkbox"/> Sjogren's Syndrome <input type="checkbox"/> Head/neck radiation therapy | no | yes |
| CariScreen Reading (0-1500 low, 1501-9999 high) | low | high |

CLINICIAN USE ONLY

DISEASE INDICATORS

| | | |
|--------------------------------------------------------|----|-----|
| New/Progressing Visible Cavitations | no | yes |
| New/Progressing Approximal Radiographic Radiolucencies | no | yes |
| New/Active White Spot Lesions | no | yes |
| Decay History is a Concern | no | yes |

RISK IDENTIFICATION

Transfer information above to boxes below to determine risk.

| | | |
|-----------------|----------------------|---------------------|
| Healthy | +Risk Factors | +Disease Indicators |
| LOW RISK | MODERATE RISK | HIGH RISK |
| 1 | 2 | 3 |

CDT Code D0601

CDT Code D0602

CDT Code D0603

RECOMMENDED PROVISIONAL DECLINE