



Adult Risk Assessment

Last Name:	First:	Date of birth:	Today's date:
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Lifestyle Assessment

	YES	NO
Have you seen the dentist in the last 12 months?		
Do you have swollen or bleeding gums, a toothache, problems eating or chewing food, or other problems with your mouth?		
Do you use products with fluoride or drink fluoridated water?		
Do you have a family history of gum disease?		
Do you have a dry mouth?		
Do you brush at least twice daily?		
Do you clean between your teeth 3 or more times a week? (floss, tooth picks)		
Have you been vomiting frequently?		

Below is for office use only

Visual Assessment

	YES	NO
Are there visible white spot lesions or cavities?		
Are there any abscesses?		
Is there obvious gum disease (red and swollen gum, bleeding gums, receding gums, foul odor)?		
Are there any non-traumatic oral lesions?		
Is there heavy plaque?		

The patient is at **high** risk if there are two or more YES responses or a NO response to 1, 3 or 6

Risk: _____Low _____High