Date: _____ Name: _____

CAMBRA RISK ASSESSMENT

Are you at risk for adult caries? *(Circle all that apply)*

				Hygienist Check List
I have had dental work in the last year	✔			
I am in active chemo or radiation therapy	✔			
I have gum recession		✔		
I drink beverages other than tap water (cola, coffee, sports, or energy drinks) or snack between meals		✔		
I take over the counter or prescription medication		✔		
I notice that I occasionally have a dry mouth when I wake up or during the day		✔		
My teeth are sometimes sensitive to cold		✔		
I have multiple fillings or crowns or I trap food between my teeth		✔		
I have braces		✔		
I brush twice a day with fluoride toothpaste			✔	
I have never had a cavity			✔	
I visit my hygienist 2 or more times a year			✔	
My hygienist applies protective fluoride varnish to my teeth			✔	
Other: To be completed after exam	✔	✔	✔	

Please give this to your dental hygienist. She/he will evaluate if you are at an increased risk for developing cavities and give you suggestions of how to reduce your personal risk factors.

Notes: Ways to reduce your risk….

Disclaimer: This is a risk assessment tool and is not to be used as the sole determiner for patient treatment. Clinical judgment of dental professional, review of the health history and full exam are part of a comprehensive assessment.