

Date: \_\_\_\_\_ Name: \_\_\_\_\_

# PATIENT SELF-ASSESSMENT

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

Hygienist  
Check List

I have had a cavity within the last 24 months	✓	
I am in active chemo or radiation therapy	✓	
I have gum recession	✓	
I have had dental work in the last year	✓	
I regularly drink beverages such as cola, coffee, sports, or energy drinks	✓	
I regularly snack between meals	✓	
I take over-the-counter or prescription medication	✓	
I occasionally have a dry mouth	✓	
My teeth are sometimes sensitive to cold	✓	
I have multiple fillings, restorations or crowns	✓	
Food gets trapped between my teeth	✓	
I have braces or wear an orthodontic appliance	✓	
I brush twice a day with fluoride toothpaste	✓	
I have never had a cavity	✓	
I visit my hygienist regularly (at least 2x/year)	✓	
My hygienist applies protective fluoride varnish to my teeth at every visit	✓	

Please give this to your dental hygienist. This helps them evaluate your oral health and risks for developing cavities at any age.

Internal use only. Suggestions made during appointment.

- ✓ HIGH RISK, ACTION NEEDED NOW
- ✓ MEDIUM RISK, WE SHOULD TALK!
- ✓ LOW RISK, GREAT JOB!

*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.*