# Teledentistry Caries Risk Assessment

For completion by LIBERTY Staff Dentist.

## Member Information:

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
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<table>
<thead>
<tr>
<th>Member Number:</th>
<th>Date of Birth:</th>
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<thead>
<tr>
<th>PROVIDER NAME:</th>
<th>DATE OF EVALUATION:</th>
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## Assessment (check as applicable):

<table>
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<tr>
<th>Low Risk (0 points)</th>
<th>Moderate Risk (1 point)</th>
<th>High Risk (2 points)</th>
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## Contributing Conditions

### I. Fluoride Exposure

Through drinking water, supplements, professional applications, toothpaste

- [ ] Yes
- [ ] No

### II. Sugary Foods/Drinks

Including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups

- Primarily at mealtimes
- Frequent or prolonged between meal exposures/day

### III. Caries experience of mother, caregiver, and/or other siblings

For patients aged 0-14

- No carious lesions in last 24 months
- Carious lesions in last 7-23 months
- Carious lesions in last 6 months

### IV. Dental Home

Receiving regular dental care in a dental office within the past 18 months

- Yes
- No

### V. Brushing with toothpaste containing Fl (OTC or RX)

- Yes (2X daily)
- Yes (1X or non Fl)
- No or less than 1X daily

## General Health Conditions

### I. Special health care needs

Developmental, physical, medical, or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers

- No
- Yes (over age 14)
- Yes (6-14)

### II. Chemo/radiation therapy

- No
- Yes

### III. Eating disorders

- No
- Yes

### IV. Medications that reduce salivary flow

- No
- Yes

## Clinical Conditions

### I. Cavitated carious lesions or restorations

Visually evident

- No new carious lesions or restorations in last 36 months
- 1-2 new carious lesions or restorations in last 36 months
- 3 or more new carious lesions or restorations in last 36 months (4 Points)

### II. Teeth missing due to caries in past 36 months

- No
- Yes

### III. Dental/orthodontic appliances

Fixed or removable

- No
- Yes

### IV. Severe dry mouth (Xerostomia)

- No
- Yes

## Overall Assessment:

<table>
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<tr>
<th>Dental Caries Risk:</th>
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<tbody>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Medium</td>
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<tr>
<td>High</td>
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## Scoring Instructions

- 5 POINTS AND UP - HIGH RISK
- 2-4 POINTS - MEDIUM RISK
- 0-1 POINT - LOW RISK

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## Teledentistry Caries Risk Assessment

### Questionnaire:

1. If your child is school age, where does your child attend school?
   - a. Completely Online
   - b. Home Schooled
   - c. Hybrid (in-person and online)
   - d. In Person

2. Has your child ever received school-based health services in the past?
   - a. Yes
   - b. No

3. Due to COVID-19, do you feel comfortable coming into a dental office for an appointment?
   - a. Yes
   - b. No

4. How would you rate the condition of your child’s teeth and gums? (circle one)
   - a. Excellent
   - b. Very good
   - c. Good
   - c. Fair
   - d. Poor

5. How many times do you/does your child brush his/her teeth in one day? (circle one)
   - a. ___# (enter #)
   - b. Child does not brush yet
   - c. Does not brush everyday
   - d. Don’t know

6. How many times a day does your child have sugary drinks or snacks?
   - a. 2 or less
   - b. 3 to 5
   - c. 6 or more

7. During the past 12 months, has your child had frequent or chronic difficulty with any of the following? (Check all that apply)
   - a. Toothaches (no/yes)
   - b. Bleeding gums (no/yes)
   - c. Decayed teeth or cavities (no/yes)

8. What was the main reason your child last visited a dentist? (check one)
   - a. Went in on own for check-up, examination or cleaning
   - b. Was called in by the dentist for check-up, examination or cleaning
   - c. Something was wrong, bothering or hurting
   - d. Went for treatment of a condition that dentist discovered at earlier check-up or examination
   - e. Other
   - f. Don’t know/don’t remember

9. During the past 12 months, was there a time when your child needed dental care but could not get it at that time? (check one)
   - a. No
   - b. Yes
   - c. Don’t know/don’t remember