Eads Medical Clinic
Kiowa County Hospital District

1211 Luther St, PO Box 7
Eads, CO 81036
719-438-2251; 719-438-2254 (F)

Oral Health Risk Assessment – ADULT (Age 18+)

Patient's Name: _____ **DOB:** _____ **Today's Date:** _____

PATIENT ONLY

(please answer the following questions to the best of your knowledge)

CONTRIBUTING CONDITIONS		LOW RISK	AT RISK
Caries Risk	Do you use toothpaste with fluoride?	❑ Yes	❑ No
	Do you snack frequently between meals or drink anything other than water between meals?	❑ No	❑ Yes
	Are you on Medicaid or Medicaid eligible?	❑ No	❑ Yes
BOTH	Do you brush your teeth daily?	❑ Yes	❑ No
	Do you floss daily?	❑ Yes	❑ No
	Do you have a dentist that you see at least once every year? **Name:**_____	❑ Yes	❑ No
Periodontal Risk	Do you have diabetes, heart disease, renal disease, or arthritis?	❑ No	❑ Yes
GENERAL HEALTH CONDITIONS		**LOW RISK**	**AT RISK**
Caries Risk	Have you had any teeth extracted in the past 36 months due to a cavity or decay? ⚠	❑ No	❑ Yes
	Do you have any eating disorders such as Anorexia or Bulimia?	❑ No	❑ Yes
	Do you regularly experience dry mouth?	❑ No	❑ Yes
	Do you have any special health care needs that make caring for yourself difficult?	❑ No	❑ Yes
BOTH	Are you currently on chemo or radiation therapy?	❑ No	❑ Yes
	Do you use drugs, drink alcohol in excess, or use tobacco products (including chewing tobacco and vapor/e-cigarettes)?	❑ No	❑ Yes
Periodontal Risk	Do you experience pain or bleeding when you brush your teeth? ⚠	❑ No	❑ Yes
	Do you notice any shifting or mobility of your teeth?	❑ No	❑ Yes

PROVIDER ONLY

(please complete all sections below)

CLINICAL FINDINGS

White spots or visible decalcifications?	❑ Yes ❑ No	All teeth present? ❑ Yes ❑ No
Obvious decay? ⚠	❑ Yes ❑ No	*If NO, how many teeth are present?* _____
Apparent dry mouth?	❑ Yes ❑ No	_____
Restorations (fillings) present?	❑ Yes ❑ No	General Oral Health: ❑ Healthy ❑ Concerns
Visible plaque accumulation?	❑ Yes ❑ No	*Please list concerns:* _____
Gingivitis (red/swollen/bleeding gums)? ⚠	❑ Yes ❑ No	_____

ASSESSMENT/PLAN

Using totals from the patient completion section, determine if patient is "low risk" or "at risk". One check mark in the "at risk" category puts patient at risk. However, check marks in the "low risk" category can help balance/mitigate the risk factors. A "yes" in any question with a ⚠ beside it automatically indicates "at risk" and may indicate the presence of active disease.

Caries risk: ❑ Low ❑ At Risk **Periodontal Risk:** ❑ Low ❑ At Risk

Fluoride Offered? ❑ Yes ❑ No **Fluoride Accepted?** ❑ Accepted ❑ Refused

If not offered, why? _____ ***If refused, why?*** _____

Completed: ❑ Education ❑ Fluoride Varnish ❑ Dental Referral Other: _____

Self-Management Goals:

❑ See dentist/regular dental visits ❑ Healthy Snacks ❑ Dental treatment for current teeth
❑ Less/No junk food/candy ❑ Brush twice daily ❑ Tobacco cessation
❑ No soda/sugary drinks/energy drinks ❑ Floss daily ❑ Quit/decrease alcohol consumption
❑ Use fluoride toothpaste ❑ Limit caffeine ❑ Seek drug abuse/use treatment
❑ Other: _____

COMMENTS