

# CRA Form

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date: \_\_\_\_\_

Adults and Children 6+

## Risk Factors *Circle one:*

PATIENT USE

Saliva		
Do you take medications daily? If so, how many?	NO	YES ( _____ )
Do you feel as though you have a dry mouth at any time of the day or night?	NO	YES
Diet		
Do you drink liquids other than water more than 2 times daily between meals?	NO	YES
Do you snack daily between meals?	NO	YES
Biofilm		
Do you notice plaque build-up on your teeth between brushings?	NO	YES

## Disease Indicators *Circle one:*

CLINICIAN USE ONLY

New/Progressing visible cavitations?	NO	YES
New/Progressing approximal radiographic radiolucencies?	NO	YES
New/Active white spot lesions?	NO	YES
Is decay history a concern?	NO	YES

## Risk Identification *Transfer information above to boxes below to determine risk.*

Healthy	+Risk Factors	+Disease Indicators
1 - Low Risk	2 - Moderate Risk	3 - High Risk
CDT Code D0601	CDT Code D0602	CDT Code D0603