

Child's Name: _____ ID: _____ DOB: _____

I-Smile Decay Risk Assessment

If a risk factor is present, check the appropriate box(es). Responses should be based on information gathered from an oral screening, parental consent form, and/or parent interview.

High Risk – If box is checked, client is considered high risk for decay.

Oral screening

<input type="checkbox"/>	Suspected or obvious decay
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Moderate Risk – If the client is not high risk and any box below is checked, client is considered moderate risk for decay.

Oral screening

<input type="checkbox"/>	Demineralization (white spot lesions)
<input type="checkbox"/>	Visible plaque
<input type="checkbox"/>	Enamel defects (e.g. deep pits/fissures)
<input type="checkbox"/>	Stained fissures
<input type="checkbox"/>	Decay history (e.g. presence of fillings or crowns)
<input type="checkbox"/>	Other (e.g. presence of orthodontia, dry mouth, gingivitis)

Client Information

<input type="checkbox"/>	Parent's socio-economic status \leq 200% FPL (<i>from consent form</i>)
<input type="checkbox"/>	Dental visits - less than annually
<input type="checkbox"/>	Parent or sibling have untreated decay
<input type="checkbox"/>	Parent or sibling have history of decay (e.g. presence of fillings or crowns)
<input type="checkbox"/>	Child has special health care needs
<input type="checkbox"/>	Exposure to sugars/carbohydrates 1-2x/day, other than mealtime
<input type="checkbox"/>	No fluoride in toothpaste or no fluoride in water
<input type="checkbox"/>	Brushes 1 or fewer times per day

Low Risk – If none of the high or moderate risk factors above are present, client is considered low risk for decay.

Provider name and credentials: _____ Date: _____

Child's Name: _____ ID: _____ DOB: _____

I-Smile Care Plan

High Risk

- Primary prevention
- Education and anticipatory guidance
- Care coordination

If obvious or suspected decay present: Needs urgent dental care

- Refer **immediately** to dentist for disease diagnosis and management
- Re-assess risk in **3 months** (or assurance of regular exams by a dentist)

Moderate Risk

- Primary prevention
- Education and anticipatory guidance
- Care coordination

If demineralization or multiple risk factors are present: Needs dental care

- Refer for dental exam within **3 months**
- Re-assess risk in **3-6 months** (or assurance of regular exams by a dentist)

If no demineralization and less than 3 risk factors present:

- Refer for dental exam within **6 months**
- Re-assess risk in **3-6 months** (or assurance of regular exams by a dentist)

Low Risk

- Primary prevention
- Education and anticipatory guidance
- Care coordination

If no obvious problem:

- Refer for dental exam within **12 months**
- Re-assess risk in **6 months** (or assurance of regular exams by a dentist)

Provider name and credentials: _____ Date: _____