

CRA FORM

First name: _____ Last name: _____ Date: _____

Adults and Children Age 6+

PATIENT USE

RISK FACTORS

Do you take medications daily? If yes, how many? (#____)	no	yes
Do you feel like you have a dry mouth at any time of the day or night?	no	yes
Do you drink liquids other than water more than 2 times daily between meals?	no	yes
Do you snack daily between meals?	no	yes
Do you notice plaque build-up on your teeth between brushings?	no	yes
CariScreen Reading (0-1500 low, 1501-9999 high)	low	high

CLINICIAN USE ONLY

DISEASE INDICATORS

New/Progressing Visible Cavitations	no	yes
New/Progressing Approximal Radiographic Radiolucencies	no	yes
New/Active White Spot Lesions	no	yes
Decay History is a Concern	no	yes

RISK IDENTIFICATION

Transfer information above to boxes below to determine risk.

Healthy	+Risk Factors	+Disease Indicators
LOW RISK	MODERATE RISK	HIGH RISK
1	2	3

CDT Code D0601

CDT Code D0602

CDT Code D0603

RECOMMENDED PROVISIONAL DECLINE