DENTAL RISK ASSESSMENT **Child's Name** _____

Date: _____

WATER SUPPLY:

1. Do you have a public water supply or do you get your water from a well? _____

2. If you have a public water supply do you pay your water bill to any of the following companies? These Companies do have fluoride in their water. If so please circle.

Allentown City Bureau of Water	City of Bethlehem
Catasauqua Municipal Water Works	City of Easton - Bureau of Water
Hanover Township	Easton Suburban Water Authority
Salisbury Township	Lower Saucon Authority
	Northampton Boro Municipal Authority

If you live in an area not listed above, to whom do you pay your bill? _____

3. Do you have a filter system on your water supply? If so, what kind. _____

If you live in an area that has fluoride in the water, you do not need to complete the remaining questionnaire.

FOOD SOURCES & EXPOSURE:

1. Does your child go to school, day care or relatives' homes in a fluoridated area? Yes or No
2. Does your child swallow toothpaste? Yes or No
3. Does your child drink non-concentrated Juicy Juice, iced tea or bottled water with Fluoride? Yes or No

CAVITY INDEX

1. Do you see any cavities in your child's teeth? Yes or No
2. Has your child had any cavities in the last 12 months? Yes or No
3. Does your child's brothers or sisters have cavities? Yes or No
4. Does your child's mother or father have active cavities? Yes or No
   Other caregivers with cavities? Yes or No

RISKS

1. Does your child have special health care needs? Yes or No
   - Impaired ability to maintain hygiene? Yes or No
   - Malformed enamel or dentin? Yes or No
   - Reduced salivary flow due to radiation or illness? Yes or No
   - Braces or orthodontic appliances? Yes or No

DIET & FOOD SOURCES

1. Does your child have more than three between meal snacks a day? Yes or No
2. Estimate the number of times per day your child has exposure to carbonated Beverages, cookies, cake, candy, chips. _____

TO BE EVALUATED BY DENTIST, HYGIENIST OR HEALTHCARE PROVIDER:

Do you see areas of enamel demineralization, white spot lesions or hypoplasia? Yes or No

Hygiene assessment: Good Fair Poor Do you see visible plaque? Yes or No

Are there radiographic enamel caries? Yes or No

RECOMMENDATIONS:

No Supplementation

RX: