

Let's Work Together To Achieve Good Oral Health

The disease that causes cavities is an infectious and transmissible disease that is caused by multiple factors and are almost entirely preventable. The key to preventing the disease is to eliminate risk factors in combination with preventive and therapeutic interventions. Please complete the following questionnaire below. Upon completion, your oral health provider will help you understand your risk level and explain options to help obtain your oral health goals.

- · What are your long-term goals for your oral health?
- Please share any oral health questions or concerns you have.
- · Has anything changed in your oral health since your last visit?
- · What would you like our dental team to accomplish for you?

For Children		For Adults	
Any cavities in the past year?	o Yes o No	Any cavities in the past 1-3 years?	o Yes o No
Any family history of cavities?	o Yes o No	Between-meal candy, sodas or snacks?	o Yes o No
Beverage besides water used for sleep?	o Yes o No	(Greater than three times daily) Daily dry mouth symptoms?	o Yes o No
Between-meal candy, sugared snacks, crackers or cereal? (Greater than three times daily)	o Yes o No	Food stuck in or between teeth following eating?	o Yes o No
Are teeth brushed twice daily and for two mintues each time?	o Yes o No	Are teeth brushed twice daily and for two minutes each time?	o Yes o No



With your input we will help determine if you are at an increased risk for the development of destructive oral diseases. Together we will create a treatment plan that fits your lifestyle to improve or maintain your oral health. Our goal is to help you meet your goals and eliminate or balance risks.

Patient Name:

Oral Hygiene Instruction (D1330), Nutritional Counseling (D1310), and Motivational Interviewing (D9993):

Recall Frequency: □ 3 Months □ 4 Months □ 6 Months Your Current Risk Status: Low D0601 □ Moderate D0602 □ High D0603 Choices To Improve Oral Health In-Office **Strategies** Options for Germ Control **Preventive Recare Appointment Options to Strengthen** Protect Your Teeth Your Teeth □ Silver Diamine Fluoride D1354 Sealants D1351 □ 3 Months □ Fluoride Varnish D1206 □ Essential Oils □ 4 Months □ Silver Diamine Fluoride D1354 □ Chlorhexidine Gluconate General Gen At-Home **Strategies** Stance Stance Improve At-Home Cleaning D1330 Nutrition Options for Germ Control D9630 Prescriptions to D1310 Strengthen Your Teeth □ Floss/Interdental Cleaners □ Improved Diet □ Chlorhexidine Gluconate D9630 Electric Toothbrush Fewer Snacks □ 5000ppm Toothpaste □ Stannous Fluoride □ Stannous Fluoride **Tongue Cleaner** Replace Sugary Drinks □ Antibiotics U Water Floss Calcium Phosphates with Water **Essential Oils** atıng

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