

## Direct Access risk assessment form

Patient Name:

Patient DOB:

### Oral Hygiene Regime

Frequency am/pm		Manual/electric/battery toothbrush	
Toothpaste (Fluoride/non fluoride)		Interdental cleaning Floss/brushes/picks	
Mouthwashes		Other cleaning aids	

### Caries risk

Regular attendance at routine dental visits	Yes	No
High and/or frequent sugar intake	Yes	No
History of extractions due to caries	Yes	No
Evidence of previous disease - restorations, implants, dentures	Yes	No
Medical risk factors eg dry mouth	Yes	No
Regular brushing	Yes	No
Plaque visible on teeth	Yes	No
Evidence of caries	Yes	No

### Periodontal risk

Regular attendance at routine dental visits	Yes	No
History of extractions due to periodontal disease	Yes	No
Family history	Yes	No
Smoking/e-cigarettes	Yes	No
Medical risk factors eg diabetes state type I or II	Yes	No
Regular brushing	Yes	No
Plaque visible on teeth	Yes	No
Evidence of periodontal disease (bone loss, recession)	Yes	No

### Oral cancer assessment

Smoking/e-cigarettes	Yes	No
Smokeless/chewing tobacco (paan, gutka)	Yes	No
Alcohol consumption exceeding recommended maximum levels	Yes	No
Daily diet including 5 portions of fruit/vegetables	Yes	No
History of oral cancer or premalignant oral lesions	Yes	No