



Practice Name: _____

PreViser Comprehensive oral health risk and needs assessment form, Teeth

Patient: _____ DOB: _____

Teeth most recently exposed to saliva for at least 12 months (the 'target tooth'):

- Primary Incisors Permanent 1st molars
- Primary Molars Permanent 2nd molars

1 or more teeth has an exposed root: Yes No

Status of the Target Teeth:

- Sound or sealed Have pits, fissures & other defects
- Have interproximal restorations Show early decalcification or are carious

How many months has the patient been without primary caries:

- 36 or more 24-35 months
- 12-23 months Less than 12 months

Bacteria culture includes elevated MS and/or LB level:

- Yes No
- No culture or test is available

Check all that apply:

- Liquids containing sugar are given in crib or bed by bottle or consumed during the day in a sippy cup
- Parent or caregiver is low socioeconomic status or health literacy
- Mother or caregiver has been caries free for less than 12 months

Please answer all questions (exclude third molars):

How many natural teeth are visible

How many natural teeth have any type of restoration, including crowns and veneers?

How many natural teeth have caries or a defect requiring restoration?

How many natural teeth have primary caries?

Check all that apply:

- Oral hygiene improvement is needed
- Dry mouth or inadequate saliva flow
- Development problems or special health care needs
- Teeth have been extracted due to caries in last 36 months
- Fluoride varnish applied in last 6 months
- Has orthodontic appliance, space maintainer, or obturator
- Snacks or beverages containing sugar are consumed between meals 4 or more times per day
- Patient drinks fluoridated water
- Nonprescription fluoride products other than water are used
- Chlorhexidine used for at least 1 week per month for last 6 months
- Xylitol products have been used 4 times daily for last 6 months
- Calcium & phosphate toothpaste have been used during last 6 months
- Recreational drug/alcohol use
- Has had a major change in health (heart attack, stroke, etc.) during the past 12 months



Practice Name: _____

PreViser Comprehensive oral health risk and needs assessment form, Oral Cancer

Has History of Oral Cancer: Yes No

Cigarette Smoking:

Never smoked

Smoke(d)

- Less than 10 cigs/day
- 10 or more cigs/day

Smoke(d)

- Less than 10 years
- 10 or more years

Quit

- Less than 10 years ago
- 10 or more years ago

Pipes/Cigar Smoking:

Never smoked

Smoke(d)

- Less than 1 /day
- 1 or more /day

Smoke(d)

- Less than 10 years
- 10 or more years

Quit

- Less than 10 years ago
- 10 or more years ago

Smokeless Tobacco:

Never used

Use(d)

- Occasionally use
- Daily use

Use(d)

- Less than 10 years
- 10 or more years

Quit

- Less than 10 years ago
- 10 or more years ago

Alcohol Use: (Average number of drinks consumed in the past year)

Note: 1 drink equals		
Beer	16 ounces or 1 pint	5% alcohol
Wine	6 ounces or 175 ml	12% alcohol
Spirits	1.5 ounces or 45 ml	40% alcohol

- None
- Less than 1 drink/day
- 1 drink/day
- 2 drinks per day
- 3 or more drinks/day

Diabetic Status:

HbA1c (%)
All fasting plasma glucose (mg/dl)

Good Control

Less than 6.5
90 - 104

Fair Control

6.5 - 7.5
105 - 130

Poor Control

Greater than 7.5
Greater than 130

- Not diabetic or unknown
- Good diabetic control
- Fair diabetic control
- Poor diabetic control



Practice Name: _____

PreViser Comprehensive oral health risk and needs assessment form, Perio

Patient: _____ **DOB:** _____

Genotype IL-1: Not tested Negative Positive

Check all that apply:

- Oral hygiene improvement is needed
- Scaling and root planing for any tooth has been done
- Furcation involvements exist
- Vertical bone lesions exist
- Dental care frequency is NOT regular as advised
- Periodontal surgery for pockets has been done
- Subgingival restorations are present
- Subgingival calculus detected by x-ray or exam

Deepest Pocket per sextant from the gingival margin to the base of the Sulcus

Upper Right

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- Bleeding

Upper Anterior

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- Bleeding

Upper Left

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- Bleeding

Lower Right

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- Bleeding

Lower Anterior

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- Bleeding

Lower Left

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- Bleeding

X-ray distance from CEJ to Bone Crest

Less than 2 mm = no visible bone loss

Upper Right

- Less than 2 mm
- 2 - 4 mm
- Greater than 4 mm
- No teeth

Upper Anterior

- Less than 2 mm
- 2 - 4 mm
- Greater than 4 mm
- No teeth
- No X-ray

Upper Left

- Less than 2 mm
- 2 - 4 mm
- Greater than 4 mm
- No teeth

2 - 4 mm = some visible bone loss

Greater than 4 mm = significant bone loss

Lower Right

- Less than 2 mm
- 2 - 4 mm
- Greater than 4 mm
- No teeth

Lower Anterior

- Less than 2 mm
- 2 - 4 mm
- Greater than 4 mm
- No teeth
- No X-ray

Lower Left

- Less than 2 mm
- 2 - 4 mm
- Greater than 4 mm
- No teeth