Perio Risk Assessment Form

Adults/Children 6 and over

Patient Name: _____ Date: _____

Instructions: Check all answers that apply.

If **1 or more Disease Indicators** *or* **2 or more Risk Factors** are circled, then this patient is at risk and therapeutic intervention is recommended.

1 ASSESS

DISEASE INDICATORS

	AT RISK	LOW RISK
Alveolar Bone Loss > 2mm	yes	no
Bleeding on Probing	yes	no
Tooth Loss to Perio	yes	no
Probing > 5 mm	yes	no

RISK FACTORS

Visible Plaque and Calculus	yes	no
Furcation Involvement > I	yes	no
Mobility > I	yes	no
Diabetes	yes	no
Smoking History	yes	no
Cardiovascular Disease	yes	no
Parents with CVD	yes	no
Parents with PDD	yes	no

PST	Positive	Negative
SPPC	Positive	Negative
CRP	>1.0 mg/dL	< 1.0 mg/dL

2 DIAGNOSE

Risk Assessment	AT RISK	LOW RISK
AAP Type	4 3 2	1 0

3 PRESCRIBE

- ☐ SRP
- ☐ LANAP
- ☐ Antimicrobials
- ☐ Metronidazole/Ciprofloxacin
- ☐ Periostat/Doxycycline

Prophy

- ☐ 3 months
- ☐ 4 months
- ☐ 6 months
- ☐ 12 months