

**Jack H. Leverett, D.D.S., P.C.**  
**Jack H. Leverett, Jr., D.M.D.**

**Dental Risk Assessment**

In dentistry, we know that certain factors influence your ability to keep your smile healthy. Please take a few minutes to answer the following questions and bring this assessment to your appointment. If you are filling out this form for someone else, please answer the questions as the information pertains to them.

1. Age Group

- |  |  |  |
|--|--|--|
| <input type="radio"/> 0 mos - 3 yrs    | <input type="radio"/> 3+ yrs - 6 yrs   | <input type="radio"/> 6+ yrs - 11 yrs  |
| <input type="radio"/> 11+ yrs - 15 yrs | <input type="radio"/> 15+ yrs - 17 yrs | <input type="radio"/> 17+ yrs - 21 yrs |
| <input type="radio"/> 21+ yrs - 25 yrs | <input type="radio"/> 25+ yrs - 30 yrs | <input type="radio"/> 30+ yrs - 40 yrs |
| <input type="radio"/> 40+ yrs - 50 yrs | <input type="radio"/> 50+ yrs - 58 yrs | <input type="radio"/> 58+ yrs - 65 yrs |
| <input type="radio"/> 65+ yrs - 70 yrs | <input type="radio"/> 70+ yrs - 80 yrs | <input type="radio"/> 80+ yrs          |

2. Gender

- Female                       Male

3. Are you taking medications?

- Y    N

4. How many cavities have you had in the past year?

- None         One         2 or more

5. Do you notice white spots on your teeth at the gum line?

- Y    N

6. Do you use fluoride toothpaste or supplements?

- Y    N

7. Do you consume soft drinks, juices, sweet tea or sports drinks?

- Y    N

8. Have you visited the dentist in the last 3 years?

- Y    N

9. Do you smoke?

- Y    N

10. Females: Are you pregnant?

- Y    N

Thank you for completing your Dental Risk Assessment. We look forward to helping you and your family achieve optimal oral health!