

Horizon Dental Care Risk Assessment Form

Name:	Date
Protective Factors	Damaging Factors
Electric Toothbrush Twice Daily	Manual Toothbrush
Flossing Once Daily	Irregular Flossing
Interproximal Brushes	Grinding Teeth
AirFlosser/Waterpick	Clenching Teeth
Recommended Hygiene Schedule, at least every 6 months	Smoke Cigarettes, Chewing or Vape with Nicotine
Fluoride Toothpaste	Dry mouth
Fluoride Rinse	Candy Habit
Fluoride Varnish	Sugar Gum
Fluoride Gel in Trays	Acidic Habit, Wine, Soda, Tea, Energy Drinks, La Croix, FizzyWater
Night Guard	Acid Reflux
Sleep Apnea Dental Appliance	Frequent Snacking
Xylitol Gum	Sleep Apnea
Whitening in Custom Trays	Family History of Gum Disease
Other	Family History of Cavities

Other