



LARRY L. FOLDEN, D.D.S.

2110 East Rusk Street
Jacksonville, TX 75766
Phone 903.586.0741
Fax 903.586.0649
www.drfolden.com

DENTAL HISTORY

Patient name _____ Referred by _____
Previous dentist _____ For how long? _____
Most recent dental exam _____ Most recent dental x-ray _____
Most recent dental treatment _____
How often do you have your teeth cleaned? 3 months 4 months 6 months 1 year or longer

YOUR IMMEDIATE DENTAL CONCERN(S)?

PLEASE ANSWER YES OR NO TO THE FOLLOWING:

Unhappy with the appearance of your teeth?.....	YES	NO	Unpleasant taste or odor in your mouth?	YES	NO
Unfavorable dental experiences?	YES	NO	Dry mouth, throat, and or eyes?	YES	NO
Dental fears?	YES	NO	Jaw problems (temporomandibular joint)?	YES	NO
Problems with effectiveness or bad reactions to dental anesthetic?	YES	NO	Difficulty opening your mouth widely?	YES	NO
Orthodontic treatment (braces)?	YES	NO	Stiff neck muscles?.....	YES	NO
Periodontal (gum) treatment?.....	YES	NO	Awaken with an awareness of your teeth or jaws?.....	YES	NO
Bleeding gums?.....	YES	NO	Tension headaches?	YES	NO
Avoid brushing any part of your mouth?.....	YES	NO	Clench or grind your teeth?	YES	NO
Part of your mouth sensitive to temperature?	YES	NO	Jaw clicking or popping?	YES	NO
Sore teeth?	YES	NO	Lost any teeth?	YES	NO
Burning sensation in your mouth?	YES	NO	Sweat or tremble alot during examination?	YES	NO
Difficulty swallowing?	YES	NO	Strange people or places make you afraid?	YES	NO

SUPPLEMENTAL DENTURE HISTORY:

If you are wearing a partial or complete artificial denture, please complete the following:

Has your present denture been relined? YES NO
If yes, when (month/year)
Is your present denture a problem? YES NO
If yes, describe
Satisfied with the appearance? YES NO
Satisfied with the comfort? YES NO
Satisfied with the chewing ability?..... YES NO
When did you receive your first partial or complete denture?
How long have you worn your present denture?

SIGNATURE _____ DATE _____

NOTE: If remitting electronically via email or fax, patient will sign and date at first office visit.