

HAIR LOSS QUESTIONNAIRE

Have you tried any medical treatment for your hair loss? Yes No

Rogaine? Yes No How Long? _____ Propecia? Yes No How Long? _____

If yes, did any of these treatments help? Yes No

How long have you been noticing your hair loss? _____

What bother you the most about your hair loss? (Circle)

General Thinning Front of Head Top of Head Crown

How many days a week do you shampoo? _____

How often do you get your hair processed, colored, straightened? _____

How often do you get your hair cut? _____

Are either of your parents bald/thinning? _____

Any siblings with hair loss? _____

Do you have any skin or scalp conditions? Yes No What? _____

Have you ever been treated by a physician for such conditions? Yes No

Have you ever had a hair transplant? Yes No

Who performed the hair transplant? _____

How long ago was the transplant performed? _____

How did you hear about our office? (Circle)

Internet Radio Yellow Pages Word of Mouth Google Facebook Television Referral