

**Hair Loss Questionnaire -- Name \_\_\_\_\_ Date \_\_\_\_\_**

What type of treatment are you interested in?

Medical Treatment \_\_\_\_\_ Hair Transplantation \_\_\_\_\_  
Platelet Rich Plasma \_\_\_\_\_ Laser Hair Growth \_\_\_\_\_ I don't know \_\_\_\_\_

How did you hear about Dr. Edwards? \_\_\_\_\_

**Circle or fill in your answers:**

My hair is: Thinning / Breaking / Shedding

Location: Scalp / Eyebrows / Eyelashes / Beard / Arms / Legs / Groin

This started: Weeks ago / Months ago / Years ago How many: \_\_\_\_\_

When is the last time your hair was **completely** normal in the area of concern: \_\_\_\_\_

I know what started my hair loss: Yes / No

*If yes, please describe:*

Who in your family has thinning hair?: Men / Women / no one that I know of

Relationship(s) to you: \_\_\_\_\_

Does their thinning look like yours: \_\_\_\_\_

Have they been evaluated by a doctor: \_\_\_\_\_

*If yes, what is their diagnosis:* \_\_\_\_\_

I see hair in the: Sink / Shower / Pillow / Brush / Floor / Clothes / I don't see hair

*The hair I see is:* Broken / Full strand with small root / Full strand with large root

The number of hairs that fall out each day: More than 100 / Less than 100 / Unsure

My scalp itches: Yes / No

*If yes, the itch is:* Mild / Moderate / Severe

My scalp flakes: Yes / No

*If yes, the flaking starts how many days after shampooing:* \_\_\_\_\_

*Does medicated shampoo control the flaking:* \_\_\_\_\_

My scalp gets bumps: Yes / No

*If yes the bumps look like:* raised & flesh-colored / raised & red / pus bumps

My scalp gets sore: Yes / No

*If yes, where:* \_\_\_\_\_

My scalp turns red: Yes / No

*If yes, what area of the scalp:* \_\_\_\_\_

I shampoo every: Day / Week / 2 weeks / 4 weeks / Other (specify) \_\_\_\_\_

Hair dye use: Circle all that apply - permanent /semi-permanent /rinse/Henna/Other \_\_\_\_\_

*I have been using dye for how long:* \_\_\_\_\_

*How often is it applied:* \_\_\_\_\_

*Last application:* \_\_\_\_\_

*I've stopped dying my hair. (If yes, date of last application):* \_\_\_\_\_

Chemical use : Circle all that apply - Permanent Relaxer / Curly Perm / Texturizer

*I've been using chemicals for how long :* \_\_\_\_\_

*Brand name if known:* \_\_\_\_\_

*Applied professionally:* Yes / No

*Applied how often and date of last applicaion:* \_\_\_\_\_

*I've stopped wearing chemicals. (If yes, when was last application):* \_\_\_\_\_

Natural hairstyles (no heat): Circle all that apply - braids / locs / twists / afro

*I've been wearing natural styles for how long:* \_\_\_\_\_

*I have artificial extensions in my hair :* yes / no

*Cared for professionally:* Yes / No

*Groomed or redone how often and date of last session :* \_\_\_\_\_

Heat styling: pressing comb / flat iron / blow dryer / hood dryer / curling iron

*I've been heat styling for how long:* \_\_\_\_\_

*How often?* \_\_\_\_\_

*I apply heat to my hair in between visits to the hair dresser:* Yes / No

I wear a wig (specify) type – traditional / lace front / Other (specify) \_\_\_\_\_

At night I wear: Bonnet / rollers / Wrap / Nothing

Shampoo(s) I use: \_\_\_\_\_

Conditioner(s) I use: \_\_\_\_\_

Other products I use: \_\_\_\_\_

Hair moisturizer(s) I use: \_\_\_\_\_

I have been treated for this problem before: Yes / No

What doctor: \_\_\_\_\_ Year: \_\_\_\_\_

What treatments were done: (name of product and frequency)

*Example: Betamethasone valerate 3x/week 6 months*

Creams/ointments: \_\_\_\_\_ How long: \_\_\_\_\_

Scalp Injections: \_\_\_\_\_ How long: \_\_\_\_\_

Vitamins: \_\_\_\_\_ How long: \_\_\_\_\_

Shampoo/Conditioner: \_\_\_\_\_ How long: \_\_\_\_\_

Pills: \_\_\_\_\_ How long: \_\_\_\_\_

Ultraviolet light: \_\_\_\_\_ How long: \_\_\_\_\_

PRP: \_\_\_\_\_

Laser: \_\_\_\_\_

Transplant: \_\_\_\_\_

Biopsy done: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and by whom: \_\_\_\_\_

Result \_\_\_\_\_

Lab work done for hair loss: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when \_\_\_\_\_

Photos done to track progress: Done by me \_\_\_\_\_ Done by my doctor \_\_\_\_\_ None \_\_\_\_\_

Other treatments received: \_\_\_\_\_