

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Date \_\_\_\_\_

*Please circle yes or no where appropriate, if yes, please give further explanation with dates.  
Please answer all questions. If you are not certain, please put a question mark on that line.*

Age? \_\_\_\_\_ Height? \_\_\_\_\_ Weight? \_\_\_\_\_  
Approximate date or year your hair loss began? \_\_\_\_\_  
Location of hair loss? \_\_\_\_\_  
Is the hair loss localized (one or more spots or areas)? \_\_\_\_\_ or diffuse (all over)? \_\_\_\_\_  
When did you last wash your hair? \_\_\_\_\_  
How much alcohol do you drink per day? \_\_\_\_\_  
How many packs of cigarettes do you smoke per day? \_\_\_\_\_

**Which ones describe your problem? If yes, please explain and tell us when it started.**

N Y Shedding (i.e. more hair in the comb or tub) \_\_\_\_\_  
N Y Thinning (hair becoming more see through) \_\_\_\_\_  
N Y Change of hair character (finer, brittle, breaks) \_\_\_\_\_  
N Y Scalp sensitivity, itching or tingling? \_\_\_\_\_

#### **History of Hair Loss**

N Y Prior episode of hair loss \_\_\_\_\_  
N Y Prior medical treatment for hair loss \_\_\_\_\_

#### **Medical**

N Y Medical problems \_\_\_\_\_  
N Y Recent Illness \_\_\_\_\_  
N Y Prolonged or high fever \_\_\_\_\_  
N Y Joint pain \_\_\_\_\_  
N Y Sensitivity to sunlight \_\_\_\_\_

#### **OB-GYN**

N Y Are you pregnant? \_\_\_\_\_  
N Y Post-partum (pregnancy) hair loss? \_\_\_\_\_  
N Y Do you have children? If so, how many? \_\_\_\_\_ Date of last delivery? \_\_\_\_\_  
N Y Do you experience heavy periods \_\_\_\_\_  
N Y Do you have Polycystic Ovarian Syndrome (PCOS) \_\_\_\_\_  
N Y In Menopause? Age began \_\_\_\_\_ Age finished \_\_\_\_\_

#### **Do any diet related issues apply?**

N Y Excessive weight loss or gain \_\_\_\_\_  
N Y Crash diets, anorexia, or bulimia \_\_\_\_\_  
N Y Vegetarian or other special diets? Please explain \_\_\_\_\_  
N Y Do you take mega-vitamins? Which ones? \_\_\_\_\_

#### **Do you suffer from any of the following?**

N Y Stress \_\_\_\_\_  
N Y Depression \_\_\_\_\_  
N Y Trichotillomania (pulling ones hair out) \_\_\_\_\_  
N Y OCD (obsessive-compulsive disorder) \_\_\_\_\_  
N Y BDS (body dysmorphic syndrome) \_\_\_\_\_

#### **Do you experience?**

N Y Irregular periods \_\_\_\_\_  
N Y Infertility \_\_\_\_\_  
N Y Hirsutism (increased body hair) \_\_\_\_\_

- N Y Virilization (appearance of male traits, such as a deepened voice) \_\_\_\_\_
- N Y Cystic acne (severe acne which usually leaves scars) \_\_\_\_\_
- N Y Galactorrhea (breast secretions when not pregnant) \_\_\_\_\_

**Anemia**

- N Y General \_\_\_\_\_
- N Y Iron deficiency \_\_\_\_\_
- N Y B12 deficiency \_\_\_\_\_

**Thyroid Disease**

- N Y Weight change \_\_\_\_\_
- N Y Night sweats \_\_\_\_\_
- N Y Hair texture change \_\_\_\_\_
- N Y Vitiligo \_\_\_\_\_

**Surgical History**

- N Y Hair Transplants Dates? \_\_\_\_\_
- N Y Scalp reduction or flap? Dates? \_\_\_\_\_
- N Y Face Lift Dates? \_\_\_\_\_
- N Y Brow Lift Dates? \_\_\_\_\_
- N Y Other surgery? \_\_\_\_\_
- N Y Hair loss after general anesthesia \_\_\_\_\_
- N Y Keloids or raised scars? \_\_\_\_\_

**Are you currently taking any of the following?**

- N Y Blood thinners (i.e., warfarin, heparin) \_\_\_\_\_
- N Y Seizure medication (i.e., dilantin) \_\_\_\_\_
- N Y Gout (i.e., colchicine, alopurinol) \_\_\_\_\_
- N Y Blood pressure medications (i.e., beta-blockers, water pills) \_\_\_\_\_
- N Y Thyroid (i.e., synthroid) \_\_\_\_\_
- N Y Anti-inflammatory (i.e., prednisone) \_\_\_\_\_
- N Y Cholesterol lowering (i.e., Lipitor) \_\_\_\_\_
- N Y Oral contraceptives, fertility medications \_\_\_\_\_
- N Y Hormones, anabolic steroids \_\_\_\_\_
- N Y Psychiatric (i.e., lithium, anti-depressants, Prozac) \_\_\_\_\_
- N Y Cocaine, amphetamines \_\_\_\_\_
- N Y Other medication or drugs \_\_\_\_\_

**Medications for Hair Loss?**

- N Y Minoxidil (Rogaine) 2%, 5% solution 5% Foam \_\_\_\_\_
- N Y Finasteride 1mg (Propecia) or 5mg (Proscar) Dose? \_\_\_\_\_
- N Y Dutasteride 0.5mg (Avodart) \_\_\_\_\_
- N Y Spironolactone (Aldactone) \_\_\_\_\_
- N Y Flutamide \_\_\_\_\_
- N Y Birth control pills \_\_\_\_\_
- N Y Other \_\_\_\_\_

**Hair care and systems**

- N Y Perms, straightening, coloring \_\_\_\_\_
- N Y Braiding, hair extensions \_\_\_\_\_
- N Y Wigs, toupees, hair systems \_\_\_\_\_

**Hair loss in family? (Circle all that apply)**

- N Y Mother Father Brothers Sisters
- N Y Paternal: G-Father G-Mother Aunts Uncles
- N Y Maternal: G-Father G-Mother Aunts Uncles