

Name: _____ Date: _____

What is your current hair loss concern?

- Starting to thin
- Overall thinning
- Receding hairline
- Bald spot forming in crown
- Little or no hair on top of the scalp
- Itching or flaking scalp
- Increased shedding
- Missing, damaged or sparse eyebrows
- Post-Plastic surgery hair loss
- Visible scar

If you camouflage your thinning/balding hair, which methods have you used?

- Wig, toupee, or weave
- Hair extensions
- Creative hair styling (comb-over, perms)
- Powder or spray camouflage

What is your family's history of hair loss?

- Mother
- Father
- Maternal grandparents
- Paternal grandparents
- Brother/sister
- Don't know

Hair restoration solutions of interest:

- FUE automated hair restoration (Follicular-unit extraction)
- Medical therapy (Propecia, Minoxidil/Rogaine)
- Laser hair therapy (laser hood/Revage, laser comb)
- Nutritional supplementation
- Post-plastic surgery hair transplantation (please describe): _____
- Eyebrow transplantation
- Scar coverage

Previous history of hair transplant? _____

How many grafts were transplanted? _____

Where on your head were the grafts placed? _____