

# Hair Loss Questionnaire

You are being seen today for hair loss. In order to provide optimum evaluation and treatment options, please complete the following questions in entirety.

1. Have you had your hair loss evaluated and/or treated before? If yes, then list by whom, the date, and the treatments.
  
  
  
  
  
  
  
  
  
  
2. How much hair are you losing daily? Approximately
  - a. 1-50 hairs
  - b. 51-100 hairs
  - c. 101-200 hairs
  - d. 201 or more hairs
  
  
  
  
  
  
  
  
  
  
3. When did the hair loss start?
  
  
  
  
  
  
  
  
  
  
4. Has it increased, decreased, or stayed the same?
  
  
  
  
  
  
  
  
  
  
5. Is the hair loss patchy or diffuse? (Are there specific areas that are thin or is it the whole head?)
  
  
  
  
  
  
  
  
  
  
6. Are you wearing hair extensions, weaves, or synthetic hairs?  
If yes how long have you been doing so?
  
  
  
  
  
  
  
  
  
  
7. How often do you perm your hair?
  
  
  
  
  
  
  
  
  
  
8. How often do you color treat your hair?
  
  
  
  
  
  
  
  
  
  
9. List of medications/supplements/over-the-counter medicines

10. Do you have any Allergies? Please list.
  
11. Does your scalp itch or feel tingly?
  
12. Do you have flaking of the scalp or dandruff?
  
13. Has any of your blood family or relatives had hair thinning?
  
14. Have you experienced any of the following?
  - a. An illness (usually w/ high fever or requiring bed rest e.g. Flu, chicken pox, cancer, etc.)
  - b. Medication changed
  - c. Weight loss or gain (crash dieting, vegan diet, Atkins, etc.)
  - d. New supplements, hormones or bio-identical naturopathic, homeopathic medicine.  
If yes, please list:
  
  - e. Pregnancy/deliver
  - f. Bout(s) of depression or high stress/anxiety
  
15. Have your nails quit growing, have new ridges, or become soft?
  
16. Are you more tired than usual, sleeping more, experiencing decreased stamina or energy (get tired more easily or faster than usual)?
  
17. Are you sleeping regular hours or more/less than usual?
  
18. Are you having difficulty sleeping?
  
19. Are you more nervous or jittery than usual?

20. Are you sweating more than usual, have increased or decreased appetite, or can't tolerate heat/cold temperatures?
  
21. Have you had a physical exam, routing blood work, or seen your Primary Care Physician (PCP) in the last 6 months or since your hair loss started?
  
22. Are there any other symptoms that you think of that are out-of-the-ordinary that you believe could be related? For example – dizziness, inability to taste, etc.
  
23. When was your last physical exam? Were any labs drawn?
  
24. Is there anything else you would like to discuss regarding your visit today?

For Internet patients, please obtain and bring laboratory results from your last physical exam and any other laboratory or pathology tests from previous hair loss evaluation.