Hair Loss Solutions

Office use only:
Consultant: ________________
Date: ______________________

Name: ________________________________ Date of Birth: ___________________
Phone Number: _______________________ Email: _________________________
Occupation: __________________________

1. What made you contact us today?
    a. Interested in hair loss prevention information
    b. Interested in hair restoration information
    c. Both

2. What stopped you from contacting a hair loss clinic in the past?

____ Cost
____ Pain
____ Downtime
____ People Knowing
____ Other

3. Are you experiencing hair loss and if so, for how long? ________________________________

4. Do you feel your hair loss has been getting gradually worse, or has it stagnated? Explain.

____
____

5. Do you feel the hairs on your scalp are:

    a. Getting thinner ___ Receding___ Both ___

6. Do you have a family history of hair loss? **NO** ___ **YES** ___
If yes, who? Father/Mother/Uncle/Other ______________________________

7. Have you ever had a hair transplant surgery? **NO** ___ **YES** ___
If yes when, where and how many grafts? ____

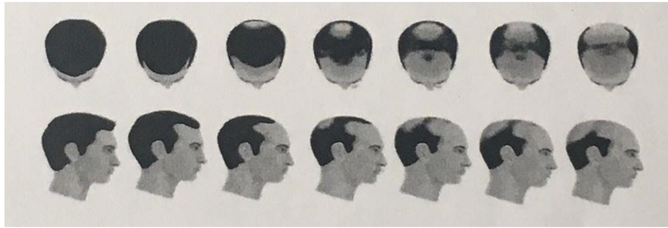
8. What would more hair do for you?

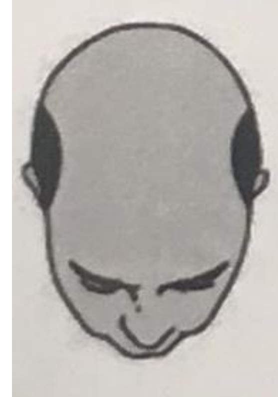
____
____

9. What bothers you about your hair loss? *(Check all that apply)*

It makes me look older than I am ___
It affects my personal relationships ___
It has prevented me from pursuing interests and opportunities in my life ___
It makes it difficult to style my hair ___
It makes me the object or many jokes ___
It has decreased my self confidence ___

10. Which hair loss pattern is the most common in your family?





11. When is your earliest availability for treatment (month) ______________________________

12. Where did you first hear about Hair Loss Solutions by Sparkle?
____

MEDICAL HISTORY

Present Medical History

____
____

Past Medical history

____
____

Medications / Allergies

____
____

Family Medical History

*Father*_______________ *Mother*_______________ *Siblings*_______________ *Children*_________________

*Tobacco use*________ *Alcohol use* ________ *Drug use*_________

NOTES: