Patient Hair Loss Questionnaire

Name: _____ **Age:** _____

Today's Date: _____ **Birthdate:** _____

1. How long has it been since your hair seemed "normal"? Is your problem getting worse, better, or is it stable?

_____

2. What has changed? Please add an "X" on the line for each that apply.

Increased hair shedding?	____
Hair breaking?	____
Patches of hair loss?	____
Overall thinning/decreased volume?	____
Thinning in specific areas?	____
Scalp feels itchy?	____
Scalp feels tender?	____
Eyebrow loss?	____
Eyelash loss?	____

3. Family History of Hair Loss? Please add an "X" on line for either Yes or No.

	Yes	No		Yes	No
Mother	____	____	Father	____	____
Maternal Aunts	____	____	Paternal Aunts	____	____
Maternal Uncles	____	____	Paternal Uncles	____	____
M. Grandmother	____	____	P. Grandmother	____	____
M. Grandfather	____	____	P. Grandfather	____	____
Sister(s)	____	____			
Brother(s)	____	____			

4. Please list all medication you are currently taking and the condition being treated:

_____

5. Please list any medications you have discontinued in the last year:

_____

6. Do you have any allergies? _____

7. Hormonal History (women)

Age at 1st Period: _____

Menses- regular or irregular, and how frequent:

_____

Date of Last Period: _____

Use or discontinuation of any hormone-containing medications:

_____

Please list dates of childbirth or miscarriages, if applicable:

_____

8. Do you have a history of any of the following?

Low iron- if yes, have you taken any supplements? _____

Significant weight loss (> 8 pounds in 2 months, or >25 pounds in 1 year)

_____

Hospitalizations _____

High fever in the 6 months prior to onset of hair loss _____

Low thyroid- if yes, have you taken any supplements?_____

Hay Fever, asthma and/or eczema _____

Lupus or other connective tissue disease _____

9. Please list the physicians and other providers you have seen for your hair loss, along with approximate dates of visits.

_____

Who sent you to me?_____

Have you ever had a scalp biopsy? _____

10. What treatments have you tried for your hair loss, and what results did you have?

_____

11. What are your hair care and styling practices (coloring? perming? treatments with heat or chemicals? frequency of shampooing?)

_____