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HAIR LOSS QUESTIONNAIRE

Date: _____

Are you having hair loss? If so, on what part of your scalp?

When did the problem begin?

Describe the hair loss (i.e. falling out by roots/shedding, breakage, thinning in patches, thinning all over).

Is the problem getting worse, staying the same or getting better?

Are you having symptoms of itching, burning, pain or flaking?

Have you ever experienced this problem before?

Do you have any restrictions in your diet (vegetarian, Paleo, etc)?

Are you having excessive hair growth on face/chest?

Are you also having acne?

Pre-menopausal females: Are your menstrual cycles regular?

Family history of hair loss?

Personal or family history of autoimmune diseases such as lupus or thyroid disease?

Any recent major surgeries, hospitalizations, febrile illnesses, deaths in family, divorce or other major stressors?

Any new medications prior to onset of hair loss?

Did you stop any hormonal medication prior to onset of hair loss?

Do you take any supplements such as saw palmetto, Nutrafol, Viviscal, biotin, vitamin D, vitamin E? Please list them here.

List any hair care products you use.

Have you ever tried Rogaine/minoxidil, and if yes, for how long? 2% or 5%?

List any treatments you have used so far and indicate how long you have used them:

Have you had any labwork within last 6 months?

Pre-menopausal females:

Are you currently pregnant/breastfeeding or trying to become pregnant?

What is your current method of contraception?

