

Name: _____

Date: _____

Hair Loss Questionnaire

1. How many months or years have you been experiencing hair loss? _____

Since that time, how has your hair loss been? (Circle one) About the same Worse Better

2. Within 3-6 months **PRIOR** to the onset of hair loss,

Have you been started on any new medications? YES NO

If YES, please list: _____

Have you been experiencing any significant crisis in your life, such as birth of a child, divorce, hospitalization, etc? YES NO

If YES, please explain: _____

3. Do you have any history of anemia or thyroid disorders? YES NO

4. Have you had any recent lab work done to diagnose the condition? YES NO

5. Is there any family history of male pattern hair loss? YES NO

female pattern hair loss? YES NO

6. Have you had any recent weight loss? YES NO

7. Are you actively dieting? YES NO

8. How much does your hair loss bother you? (Circle one) Not at All Somewhat Very Much

Patient Signature