

HAIR LOSS EVALUATION FORM

Dr. Emily Wise
Krauss Dermatology

Name: _____ Date: ____/____/____

1. What type of hair loss are you experiencing (circle all that apply)?

- a. Thinning
- b. Breakage
- c. Shedding
- d. Other _____

2. How long have you been experiencing hair loss?

3. Since your hair loss started, is it currently:

- a. Getting worse
- b. Staying the same/ stable
- c. Getting better

4. Do you have a family history of hair loss?

(e.g., siblings, parents, grandparents, aunts/uncles etc.) Please describe:

5. Areas affected by hair loss:

- a. Scalp
- b. Brows
- c. Lashes
- d. Other _____

6. Do you have discrete bald patches on your scalp or is your loss more generalized?

Patches

Generalized

7. Do you experience any other symptoms in your scalp?

- a. Itching
- b. Burning
- c. Pain
- d. Flaking
- e. Other _____

8. Please describe your hair styling regimen:

- a. Shampoo _____ How often? _____
- b. Blow-dry? Y N How often? _____
- c. Color? Y N How often? _____
- d. Heat styling? Y N How often? _____
- e. Chemicals?* Y N How often? _____

* Chemical relaxing or straightening treatments

9. Do you currently wear or have you ever worn:

- a. Hair prosthesis such as a wig or hair piece
- b. Hair extensions
- c. Weaves
- d. Dreadlocks or twists

10. Have you every been diagnosed with any of the following:

- a. Lupus
- b. Thyroid disease
- c. Anemia
- d. Syphilis
- e. Lichen panus
- f. Polycystic ovarian syndrome
- g. Acne
- h. Excess body or facial hair

11. Female patients, are you:

- a. Pre-menopausal? ___Y ___N
- b. If yes, regular 28-day menstrual cycles? ___Y ___N
- c. Do you use contraception? ___Y ___N
- d. If yes, what method? _____
- e. Are you Post-menopausal? ___Y ___N

12. Are you a vegetarian or do you adhere to a special diet? __Y __N

If yes, please describe: _____

13. Have you experienced a major emotional or physical event in the past six to twelve months (e.g., health issues, hospitalizations, stressful or emotional life events): __Y __N

If yes, please describe: _____

14. Have you recently had your blood work checked? __Y __N

If yes, please bring your results with you to your appointment or have them faxed to our office prior to your appointment.

15. Have you ever had a scalp biopsy? __Y __N

If yes, please bring your results with you to your appointment or have them faxed to our office prior to your appointment.

16. Please let us know anything else about your hair that you would like to discuss or let us know about:
