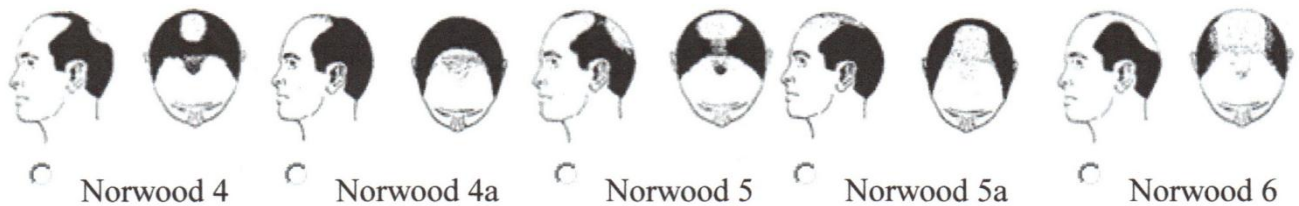
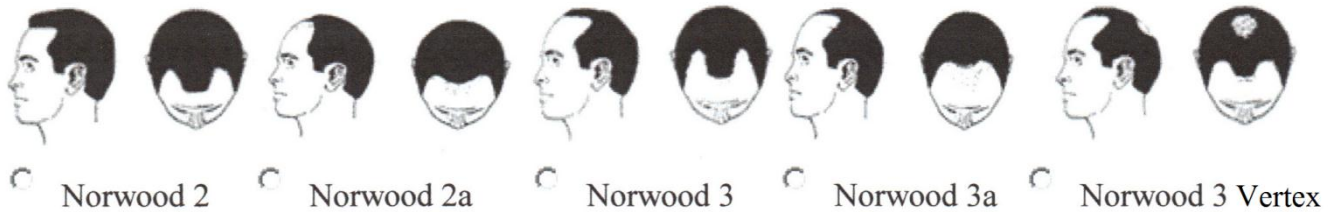


Patient Name: _____ Date: _____

Your personal hair restoration objectives (check all the apply):

- Hairline restoration
- Increase in frontal density
- Crown coverage
- Stop hair loss/decrease shedding
- Touch-up, refinement or correction of previous procedure
- Scar coverage
- Other (please explain): _____

Please check the box which most closely matches your hair loss pattern.





NALINI G. PRASAD, M.D.

HAIR RESTORATION CONSULTATION FORM

Patient Name: _____ Date: _____

Please read each of the following questions and indicate your answers to the best of your knowledge.

How did you hear about our office?

- Friend
- Hair Loss Website
- Radio
- Magazine or Newspaper
- Other

What is your current hair loss concern?

- Starting to thin
- Advanced stage of thinning
- Overall thinning
- Receding hairline
- Bald spot forming in crown
- Little or no hair on top of the scalp
- Itching or flaking scalp
- Increased shedding
- Missing, damaged or sparse eyebrows
- Post-Plastic surgery hair loss
- Visible scar

If you camouflage your thinning/balding hair, which methods have you used?

- Wig, toupee or weave
- Hair extensions
- Creative hair styling (comb-over, perms)
- Powder or spray camouflage

What is your family's history of hair loss?

- Mother
- Father
- Maternal grandparents
- Paternal grandparents
- Brother/sister
- Don't know

Hair restoration solutions of interest:

- NeoGraft FUE automated hair restoration (Follicular-unit extraction)
- Medical therapy (Propecia, Minoxidil/Rogaine)
- Laser hair therapy (laser hood/Revage, laser comb)
- Nutritional supplementation
- Post-plastic surgery hair transplantation (please describe): _____
- Eyebrow transplantation
- Scar coverage