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:

Automated hair restoration (Follicular unit extraction)