

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:

- 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):

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- Eyebrow transplantation

- Scar coverage