

Hair Loss Questionnaire

Please note that many insurance companies are considering hair loss of any kind a non-covered diagnosis. You may want to check with your individual carrier to see if your visit, work-up and treatment will be covered.

Patient's Name: _____

Length of time of noted hair loss: _____

Has this hair loss remained: (Circle One) **Constant** **Increased** **Decreased** over this time?

Does your hair seem to be: (Circle One) **Breaking off** or **Coming out at the roots?**

What Areas of your scalp seem to be involved? _____

Any attempted treatments and did they work? _____

Any blood or laboratory testing aimed at this?	Yes	No
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Is your scalp itchy?	Yes	No
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Do you have scaling?	Yes	No
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Does your scalp have bumps or whiteheads?	Yes	No
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Do you have a body rash as well?	Yes	No
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Any changes in finger or toenails?	Yes	No
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Any patches of hair loss?	Yes	No
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Any recent surgery or general anesthetic?	Yes	No
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If Yes, Date: _____

Any recent change of medication?	Yes	No
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Any strict or elimination dieting?	Yes	No
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Any recent pregnancy or hormone supplement?	Yes	No
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History of or current thyroid disease?	Yes	No
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History of or current iron deficiency?	Yes	No
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Any severe psychological or physical stress?	Yes	No
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Do you pick, pull or twist your hair?	Yes	No
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Do you apply perms or straighteners?	Yes	No
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Do you apply bleaches or permanent color?	Yes	No
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Do you have your hair tightly braided?	Yes	No
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FEMALES ONLY:

Any female member of the family with similar hair loss?	Yes	No
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Are your periods regular?	Yes	No
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Do you have decreased fertility?	Yes	No
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