

Confidential Consultation Questionnaire

Name

Date

Address

City

State

Zip Code

Home Phone

Work Phone

D.O.B

Age

E-mail

Referred By: TV Ad Internet Social Media Radio Salon Other

History

Allergies

Are you allergic to shellfish?

General Health

Previous Surgery with General Anesthesia

Do you have any of the following medical problems? If so, please select

Stroke

Congestive Heart Failure

Irregular Heart Beat

Hypertensions

High Blood Pressure

Coronary Artery Disease

Anemia

Depression

Thyroid Disease

Endocrine Disease

Diabetes

Liver Disease

Rosacea

Presently Undergoing Medical Treatment for:

Physician's name:

Date of Last Physical:

Stress: High Medium Low

Bloodwork: Have you had any of these test done in the past year?

CBC w/DFF Ferritin/Iron Test Thyroid Panel Glucose Tolerance

Hormone: HEA/Testosterone

Medications: Please list name of medication and dosage

Anti-Coagulants

Anti-Hypertension

Hormones

Thyroid

Aspirin

Multivitamins

Radiation Therapy

Chemotherapy

Any other medications – Please List

Females Only

Hormonals Issues: Yes No

Post-Menopausal: Yes No

Are you planning to get pregnant in the next 6 months? Yes No

Are you currently pregnant or nursing? Yes No

Do you take contraceptive pills? Yes No How long have you taken them?

We never give Minoxidil, Complete, AA, MGT, etc. or anything to pregnant, trying to get pregnant or nursing mothers other than shampoo and conditioner.

Males Only

Have you currently had or plan to take a PSA blood test for the screening of prostate cancer? Yes No

Do you have an enlarged prostate, prostate cancer? Yes No

Nutrition

Are you a vegetarian? Yes No

How many daily servings of protein do you eat?

Fruit	Vegetables	Caffeine	Carbohydrates	Protein
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Low weight recently? Yes No How Much?

Conditions Hair and Scalp

Is your scalp: Dry Normal Dandruff

Any redness or itchy scalp: Yes No Do you pull your hair: Yes No

Any bumps or raised areas: Yes No

Recurrent attacks of patchy loss: Yes No

Any loss of hair on your body: Yes No What area?

At what age did you notice hair loss? Was loss sudden? or Gradual?

Is your hair loss concern caused by any medical problems or medications that you are aware of?

Heredit

Does Hair Loss run in your family: Yes No

	BALD	THINNING HAIR	NOT BALD	UNKNOWN
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What options have you researched for your loss (Including over the counter and prescriptions)?

Transplants Scalp Treatment Hair replacements or weaves

Over the counter products Prescription products Avacor

Minoxidil Other Clubs or Hair Loss Clinics

How much does your hair loss bother you? Slightly Moderately Highly

Did you tell anyone that you were coming here today? Yes No

Would you like to consider using prescription topical and pills if you could get better results? Keep in mind, prescription products in general increase the cost of the program. Yes No

What are your goals and expectations? Prevent further loss

Gain back hair quickly

Gradually gain back some hair Other

Knowing that treatment and/or surgical options may take 6 months or more to show success, are you willing to wait that long? Yes No



101 HAIRLOSS
&
WELLNESS
RESTORATION

Trichology Hair Service Release Waiver Form

I _____ authorize and release the 101 Hair Loss and Wellness Restoration team from any pre-existing hair loss problems as it relates to my hair loss and scalp disorders consultation. I further release the 101 Hair Loss and Wellness Restoration and its Practitioners from any lawsuits or claims that come as it relates to any services that I may receive. 101 HLAWR practitioners have my permission to receive any information necessary from my previous stylist and medical professional either to myself or to whomever provides the free consultation service for purpose of clinical research.

I authorize information directly to 101 HLAWR of care listed above. I understand that hair growth is based on each individual's hair loss and wellness needs. I give permission for documentation and photographs of any pre-existing problems to be taken and used by 101 HLAWR. I agree that photographs and photographic copies of this statement shall be valid.

Client Signature

Date

101 HLAWR Practitioner

Date

Disclaimer: The purpose of this consultation is for 101 HLAWR Practitioner to gain knowledge by using our Medical Image and utilizing the Medical Questionnaire form. We may provide precautionary measures to possibly prevent the progression of hair loss and re-grow hair for the client. However, the Practitioners of 101 Hair Loss and Wellness Restoration (hereafter referred to as 101 HLAWR) assume absolutely no liabilities for any injuries resulting from the consultation or any other information provided by the Practitioner. Clients knowingly and willfully assume all such risks and responsibilities upon themselves and hold harmless 101 HLAWR Practitioner and any parties associated with 101 HLAWR with respect to any and all hair care and health issues, whether arising from negligence of 101 HLAWR or otherwise.