

- Consult
- New
- Return

Name: _____
 Soc Sec #: _____
 Age: _____ DOB: _____

Dermatology Hair Loss Questionnaire

Date: _____ Referring Physician: _____ Gender: __ M __ F

How long have you been having trouble with hair loss? _____

Which of the following best characterizes your hair loss?

- Diffuse shedding
- Localized patches of hair loss
- Hair falling out in large "clumps"
- Other: _____

Does your scalp: __ Itch __ Hurt __ Burn

Do you notice any of the following on your scalp? __ Flaking __ Redness __ Bumps

Have you noticed hair loss in an area other than your scalp (eyebrows, underarms, etc)? Y N

If yes, please specify: _____

Were any new medications started prior to the onset of hair loss? Y N

If yes, which one(s), and when: _____

Did you have a serious illness or hospitalization prior to the onset of hair loss? Y N

If yes, please specify: _____

For female patients: is there a history of pregnancy and/or delivery within the past year? Y N

How often do you wash your hair? _____

What shampoo and/or conditioner do you use? _____

Do you have your hair colored or chemically treated? Y N

If yes: please specify: _____

What treatments have you tried so far?

- Vitamins _____
- Rogaine _____
- Propecia _____
- Other _____

For female patients:

Are you pregnant or planning on trying to become pregnant in the near future? YES NO

Are your periods regular? _____

Are you periods unusually heavy? _____

Are you currently on birth control? _____

Is there a family history of hair loss? _____

Do you have a history of any of the following medical conditions?

- Hypothyroidism
- Hyperthyroidism
- Lupus

Please list any other medical conditions you have been diagnosed with:

Please list all medications you are taking, including over-the-counter and herbal:

Medication allergies:

****Patients: please fill out 1st side only; the reverse side of this form is for Dr. Patel. Thank you.****

Physical Exam: Vitals: Pulse _____ BP _____ Resp _____ Wt _____ Pain _____
_____ male female _____ WDWN Thin Obese

Alert/oriented x 3, Normal mood & affect Fitzpatrick phototype _____

Type of skin exam performed: TBSE except genitals/waist up exam/focused exam

Scalp exam:

Erythema: Y N _____

Scale: Y N _____

Flaking: Y N _____

Scarring: Y N _____

Pustules: Y N _____

Trichogram: _____

KOH: _____

Sites examined:

____ Scalp
____ Face
____ Ears
____ Oral cavity
____ Neck
____ Chest
____ Abdomen
____ Back
____ B/L UE
____ B/L LE
____ Buttocks
____ Digits
____ Nails

Assessment/Plan:

____ Alopecia areata

____ Tinea capitis

____ Telogen effluvium

____ Trichotillomania

____ Androgenetic alopecia

____ Scarring alopecia

Other: _____

____ Nature of disorder reviewed; handout provided.

____ Daily vitamins for the hair recommended; handout provided.

____ Start Rogaine 5% foam to affected areas twice daily; allow at least 3 months for improvement to become evident. Risks discussed, including irritation, unintentional hair growth in areas of accidental application, and initial apparent worsening of hair loss before improvement is seen (due to loss of telogen hairs).

____ Risks, benefits of all medications reviewed.

____ Intralesional Kenalog injection today; see chart for procedure note.

Samples provided: _____

Return to clinic in: _____

Toral Patel, MD

Dictated _____ Typed _____ Paper _____

Letter to: _____, MD