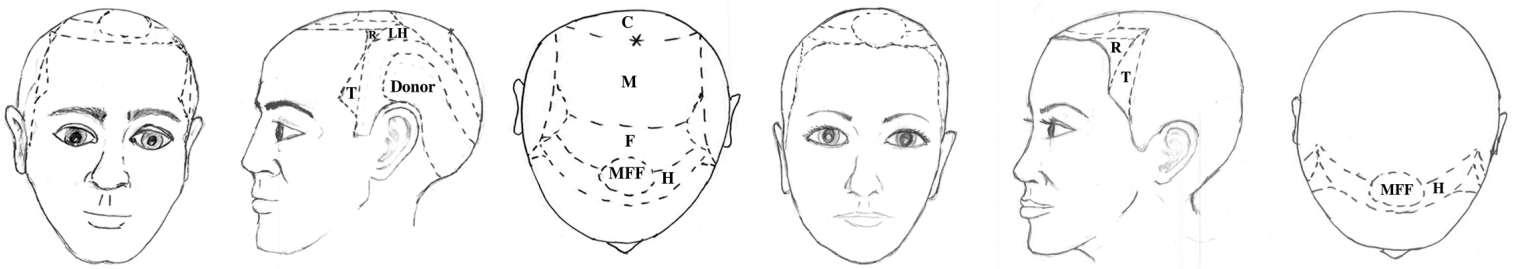


# Questionnaire

Today's Date: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birth Date ddmmyyy: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 How Found CHTC: \_\_\_CHTC patient \_\_\_Family \_\_\_Friend \_\_\_Hair Stylist \_\_\_Physician \_\_\_Internet Search \_\_\_Global News Story  
 \_\_\_Newstalk 1010 Ad \_\_\_Hair Transplant Network Forum \_\_\_Other: \_\_\_\_\_

## Hair Loss

How long have you been losing hair? \_\_\_\_\_  
 How fast has your hair loss been in the last year? \_\_\_stopped \_\_\_slow \_\_\_gradual \_\_\_fast \_\_\_other \_\_\_\_\_  
 Is there anything unusual about your hair loss? \_\_\_\_\_  
 Who in your family has hair loss? \_\_\_\_\_  
 Who have you consulted? \_\_\_Family Doctor \_\_\_Dermatologist \_\_\_Hair Transplant Forum \_\_\_\_\_  
 Hair Transplant Doctors \_\_\_\_\_  
 Have you tried? Rogaine/Minoxidil from \_\_\_\_\_ to \_\_\_\_\_ Propecia/Proscar/Finasteride from \_\_\_\_\_ to \_\_\_\_\_  
 Hair Transplants by \_\_\_\_\_ in \_\_\_\_\_  
 Other Treatments \_\_\_\_\_  
 Please rank your top priorities: \_\_\_hairline (H) \_\_\_recessions (R) \_\_\_midfrontal forelock (MFF) \_\_\_front (F) \_\_\_top/midscalp (M)  
 \_\_\_sides (S) \_\_\_crown (C) \_\_\_temples (T) \_\_\_other \_\_\_\_\_



You can shade in the areas of concern.

What areas of hair loss don't bother you? \_\_\_\_\_  
 Is there a specific reason why you want more hair? (eg. Relationship, Job Change etc.) \_\_\_\_\_  
 How would having better hair help you the most? \_\_\_\_\_  
 At what decision-making stage are you? \_\_\_Not interested in hair transplants but want to diagnose cause and explore other options  
 \_\_\_Gathering information and exploring all options, including hair transplantation  
 \_\_\_Leaning towards hair transplantation but need more information  
 \_\_\_Want a hair transplant but deciding where to have it  
 When do you plan to have your hair transplant? \_\_\_\_\_ What budget do you have in mind? \_\_\_\_\_  
 What questions do you most want answered today? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Last name: _____ First Name: _____
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**Medical**

Family Doctor \_\_\_\_\_ Last Physical: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Ongoing health concerns (eg. Diabetes, BP, Heart Disease, Cancer, Epilepsy, Infection): \_\_\_\_\_

Daily Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Family History (Please describe major health concerns briefly)

Father \_\_\_\_\_

Mother \_\_\_\_\_

# \_\_\_\_\_ Brothers \_\_\_\_\_

# \_\_\_\_\_ Sisters \_\_\_\_\_

Other (Grandparents, Uncles, Aunts, Cousins, etc.) \_\_\_\_\_

Past Surgeries/ Anesthetics (Transplants, Tonsils, Appendix, Wisdom Teeth, Hernia, Gall Bladder etc.): \_\_\_\_\_

How often and how long do you exercise? \_\_\_\_\_

Can you climb 2 flights of stairs without chest pain or shortness of breath? \_\_\_ Yes \_\_\_ No

How much do you smoke? \_\_\_\_\_

How much alcohol do you drink? \_\_\_\_\_

**Please check all of the following that apply:** \_\_\_ None

\_\_\_ Bleeding or Clotting Problems: \_\_\_\_\_

\_\_\_ Trouble with surgeries or anesthetics: \_\_\_\_\_

\_\_\_ Fainting or Dizzy Spells: \_\_\_\_\_

\_\_\_ Heart, Circulation, or Blood Pressure Problems (Chest Pain, Rhythm problems etc.): \_\_\_\_\_

\_\_\_ Respiratory/Lung Diseases (eg. Asthma, Chronic Cough etc.): \_\_\_\_\_

\_\_\_ Neurologic Problems (eg. Strokes, Seizures, Bad Headaches etc.): \_\_\_\_\_

\_\_\_ Skin Problems (scarring, acne, rashes etc) \_\_\_\_\_

\_\_\_ Chronic Infections (Hepatitis, HIV, TB etc.): \_\_\_\_\_

\_\_\_ Psychological Problems (eg. Addictions, Depression, Anxiety etc.): \_\_\_\_\_

\_\_\_ Are you used to pain medications, sleeping pills, or anti-anxiety medications?: \_\_\_\_\_

\_\_\_ Endocrine Diseases (eg. Diabetes, Thyroid, Hormone etc.): \_\_\_\_\_

\_\_\_ Blood Disorders (eg. Anemia, Iron Deficiency etc.): \_\_\_\_\_

\_\_\_ Cancer: \_\_\_\_\_

\_\_\_ Nutrition or Significant Weight Changes: \_\_\_\_\_

\_\_\_ Gastrointestinal Problems (eg. Ulcer, Gastritis, Liver Disease etc.): \_\_\_\_\_

\_\_\_ Sexual Concerns (eg. Trying to conceive, erectile dysfunction, libido etc.): \_\_\_\_\_

\_\_\_ Urinary Problems (eg. Kidney Failure, Prostate Disease etc.): \_\_\_\_\_

**For Women Only (Have you had ... ):**

\_\_\_ Bad acne \_\_\_ Excessive Facial Hair.. \_\_\_ Irregular Periods \_\_\_ Trouble getting pregnant \_\_\_ Ovarian Cysts \_\_\_ Rapid Weight Gain

\_\_\_ Facial Seborrhea

**Additional Notes:**

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\_\_\_\_\_