



WELCOME TO YOUR HAIR RESTORATION CONSULTATION

What is your current hair loss concern?

- | | |
|--|--|
| <input type="checkbox"/> Starting to thin | <input type="checkbox"/> Increased shedding |
| <input type="checkbox"/> Advanced stage of thinning | <input type="checkbox"/> Missing, damaged or sparse eyebrows |
| <input type="checkbox"/> Overall thinning | <input type="checkbox"/> Weak or sparse eyelashes |
| <input type="checkbox"/> Receding hairline | <input type="checkbox"/> Damaged or traumatized eyelashes |
| <input type="checkbox"/> Bald spot forming in crown | <input type="checkbox"/> Post-Plastic Surgery Hair Loss |
| <input type="checkbox"/> Little or no hair on top of the scalp | <input type="checkbox"/> Visible Scar |
| <input type="checkbox"/> Itching or flaking scalp | |

Where are you in the hair restoration process?

- I've started researching my hair restoration options
- I'm interested in starting non-invasive treatment (PRP, Propecia, Minoxidil /Rogaine, Laser Therapy)
- I've had a hair transplant before
- I've had a consultation with another doctor
- I'm interested in scheduling a surgical procedure within the next ninety days
- I'm interested in scheduling a surgical procedure within the next year

Hair restoration solutions of interest:

- NeoGraft FUE Surgical hair restoration (Follicular-unit extraction: FUE/FOX)
- Medical therapy (PRP, Propecia, Minoxidil/Rogaine)
- Laser hair therapy
- Post-Plastic Surgery hair transplantation (describe below)
- Eyebrow transplantation
- Beard/moustache transplantation
- Scar coverage



○ Norwood 2 ○ Norwood 2a ○ Norwood 3 ○ Norwood 3a ○ Norwood 3 Vertex



○ Norwood 4 ○ Norwood 4a ○ Norwood 5 ○ Norwood 5a ○ Norwood 6



○ Ludwig 1 ○ Ludwig 2 ○ Ludwig 3



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What is your family's history of hair loss?

- Mother
- Father
- Maternal grandparents
- Paternal grandparents
- Brother/sister
- Don't know

Your personal hair restoration objectives (check all that apply):

- Hairline restoration
 - Increase in frontal density
 - Crown coverage
 - Stop hair loss / decrease shedding
 - Touch-up, refinement or correction of previous procedure
 - Scar Coverage
 - Other (please explain):
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Patient Comments

Do you have any concerns with the hair transplant procedure? Yes ____ No ____

If yes, what are they?