

# HAIR LOSS WORKSHEET

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. When did the hair loss start? \_\_\_\_\_
2. What areas on the scalp/body are you loosing hair? \_\_\_\_\_
3. Is the loss:     Constant         Worsening         Improving         Stable
4. Do you lose more than 100 hairs a day?     Yes     No
5. Is the hair coming out at the roots or breaking off? \_\_\_\_\_
6. Current hair care:  
Chemical treatments to the hair?  Yes  No Last treatment: \_\_\_\_\_ How often: \_\_\_\_\_  
Type of chemicals used: \_\_\_\_\_ Did it affect hair loss: \_\_\_\_\_  
How often do you shampoo you hair? \_\_\_\_\_ Which Shampoo: \_\_\_\_\_  
What conditioner is used? \_\_\_\_\_

**Please circle any current hair care:**

- Blow dry hair      Air dry hair      Curling iron      Wet set hair      Hot combs      Hot rollers
- Elastic hair items      Head bands      Hair weaves      Hair pieces      "Tight" styles (ex: pony tail, bun, braids)

7. Any previous history of hair loss?  Yes  No Was it ever investigated? \_\_\_\_\_
8. Is your scalp itchy, tender, painful, sore, or sensitive? \_\_\_\_\_
9. Do you pull or twist your hair?  Yes  No
10. Have you noticed any increase in hair growth on the face, chest, or legs? \_\_\_\_\_
11. Have you noticed any increase in acne or pimples? \_\_\_\_\_

12. General Health History-      **Please circle all that apply**

- |                             |                  |                       |                          |
|-----------------------------|------------------|-----------------------|--------------------------|
| Increased Fatigue           | Weight loss      | Brittle nails         | Increased stress         |
| Changes in menstrual period | Recent surgery   | Recent severe illness | Lupus                    |
| Anemia (low iron)           | Thyroid problems | Diabetes              | Vitiligo (loss of color) |
| High Blood Pressure         | Kidney problems  | Liver problems        |                          |

13. Any recent pregnancies/ hormone/ birth control pills therapy before the hair loss?  Yes  No  
\_\_\_\_\_
14. Are your menses regular?  Yes  No Any history of hormone problems?  Yes  No
15. Is their any Family History of hair loss/ early balding?  Yes  No Who? \_\_\_\_\_
16. Any new medication that coincided with the hair loss? \_\_\_\_\_
17. Does anything make the hair loss: worse? \_\_\_\_\_  
better? \_\_\_\_\_

Review by: \_\_\_\_\_