

HAIR LOSS HISTORY QUESTIONNAIRE

NAME _____

DATE _____

CC: Hair loss

When did you last shampoo? _____

Please check yes or no to each question. If the question does not pertain to you, write N/A (meaning not applicable).

HPI: For how long have you had this problem? _____

YES NO

_____ Is the hair coming out by the roots? If so, is it all over or certain areas? _____

_____ Is the hair breaking off? All over or just in certain areas? _____

_____ Do you notice excess loss in your comb, on your shoulders, in the sink or on the pillow?

_____ Is your hair becoming thinner?

_____ Has your barber or beautician noticed thinning?

_____ Have your family or friends noticed thinning?

_____ Do you have any totally bald spots?

_____ Is the loss slowing down?

_____ Is the loss getting worse?

_____ Have you ever counted the number of hairs you lose daily? How many on average? _____

_____ Do you color your hair? Have you developed a scalp rash from this? _____

_____ Do you bleach your hair?

_____ Do you straighten your hair? How often? _____

_____ Do you have permanents? How often? _____

_____ Do you shampoo? Name of shampoo _____ How often? _____

_____ Do you use a conditioner? Name of conditioner _____

_____ Do you use a blow dryer?

_____ Do you hot comb your hair?

_____ Is your scalp itchy or flaky?

_____ Do you have dandruff?

_____ Do you have psoriasis?

_____ Do you wear a wig or hairpiece?

_____ Is your father's hair thinning?

_____ Is your father bald?

_____ Is your mother's hair thinning?

_____ Is your brother's hair thinning?

_____ Is your sister's hair thinning?

_____ Have you ever skipped menstrual periods for 2 or more months?

_____ Have you noticed any hair on your abdomen? Upper lip? _____ Neck? _____ Chin? _____

_____ Have you noticed increased hair on your breasts? Inner thighs? _____ Back? _____

_____ Has any other body hair increased?

_____ Do you have acne?

_____ Do you have any discharge from your nipples?

In the past six months to one year, have any of the following events happened to you?

YES NO

- Had a baby?
 Started the oral contraceptive (the pill)? _____ or HRT? _____
 Stopped the oral contraceptive (the pill)? _____ or HRT? _____
 Gone through menopause?
 Had a fever of 103 – 104° ?
 Had the flu?
 Been hospitalized?
 Had major surgery? _____
 Had a general anesthetic?
 Been on a crash diet?
 Lost more than two pounds per week?
 Are you a vegetarian? Is yes, what is your protein source? _____
 Have you had a major stress during this time? Is yes, what is it (in general terms)? _____

In regards to your general health:

YES NO

- Do you have anorexia nervosa?
 Do you have a thyroid disorder? Overactive? Underactive?
 Do you take thyroid medication? Name _____
 Are you constipated?
 Have you gained weight without explanation?
 Have you lost weight without explanation?
 Has your voice changed?
 Are you anemic?
 Are you menstrual periods heavy?
 Do you have lupus or any autoimmune disease?
 Do you have any pituitary problems or increased prolactin?
 Do you have any other hormonal disorders?

Have you taken any of the following medications in the past six months? Circle the ones that apply.

- | | | | |
|----------------|---------------------|------------------|--------------|
| Ace inhibitors | Auranofin | Chloroquine | Diclofenac |
| Acebutolol | Aurothioglucose | Chlorpropamide | Dicumarol |
| Acetaminophen | Azathioprine | Cimetidine | Diffunisal |
| Acyclovir | Bendroflumethiazide | Clofibrate | Diltiazem |
| Allopurinol | Beta-Blockers | Clomipramine | Disopyramide |
| Amantadine | Betaxolol | Clonazepam | Enalapril |
| Amiloride | Bleomycin | Clonidine | Ethionamide |
| Amiodarone | Bromocriptine | Colchicine | Etodolac |
| Amitriptyline | Bupropion | Cyclobenzaprine | Etretinate |
| Amlodipine | Buspirone | Cyclophosphamide | Famotidine |
| Amoxapine | Busulfan | Cyclosporine | Fenoprofen |
| Arsenic | Captopril | Cytarabine | Gemfibrozil |
| Aspirin | Carbidopa | Cytostatics | Gold |
| Astemizole | Carteolol | Danazol | Haloperidol |
| Atenolol | Chloramphenicol | Desipramine | Heparin |

(cont'd from previous page)

Hydroxychloroquine	Lorazepam	Nitrofurantoin	Sertraline
Hydroxyurea	Loxapine	Nsaids	Simvastatin
Ibuprofen	Maprotiline	Omeprazole	Spironolactone
Imipramine	Meclofenamate	Oral Contraceptives	Sulfasalazine
Indomethacin	Methotrexate	Penicillamine	Sulindac
Interferons, Alpha	Methyldopa	Phensuximide	Tamoxifen
Ipratropium	Methlphenidate	Phenytoin	Terfenadine
Isoniazid	Methysergide	Pindolol	Thiotepa
Isotretinoin	Metoprolol	Piroxicam	Timolol
Itraconazole	Minoxidil	Propranolol	Trazodone
Ketoconazole	Misoprostol	Protriptyline	Trimipramine
Ketoprofen	Nabumetone	Pyrimethamine	Valproic Acid
Labetalol	Nadolol	Quinidine	Verapamil
Levamisole	Nalidixic Acid	Ranitidine	Vinblastine
Lithium	Naproxen	Retinoids	Vitamin A
Loratadine	Nifedipine	Selegiline	Warfarin

Do you take any other medications not listed above (over-the-counter medications, vitamins, or supplements)?

For Doctor's Use Only

ROS: _____

PE: _____

IMP: _____

PLAN: _____
