BITNER
HAIR RESTORATION SURGERY

Hair Restoration Consultation Questionnaire

Name_____ DOB _____ Today's Date _____

Whom may we thank for referring you? _____

Please identify any specific areas of interest:

☐ Hair Transplantation ☐ Eyebrow Transplantation ☐ Eyelash Transplantation
☐ Hairline Advancement ☐ Prescription Medication (Propecia, Finasteride, etc.) ☐ Lotion (Rogaine, Minoxidil, etc.)
☐ Laser Therapy ☐ Facial Hair Transplantation ☐ Other: _____

1. How would you characterize your current degree of hair loss? ○ Mild ○ Moderate ○ Extensive
2. When did you first begin to notice your hair loss? _____
3. What is your main area(s) of concern? ☐ Hairline/Temples ☐ Frontal Area ☐ Crown ☐ All ☐ Other
4. Have you worn (or currently wear) a hairpiece, hair system or wig? ○ YES ○ NO How many years? _____
5. Do you regularly use any type of scalp camouflage? (Powder, makeup, spray, Toppik, etc.) ○ YES ○ NO
6. Have you tried any of the following to prevent hair loss? (check all that apply)

☐ Propecia / Proscar / Finasteride ☐ Rogaine/Minoxidil ☐ Special Shampoo ☐ At-home or in-office laser therapy ☐ Hair vitamin / Herb / Supplement

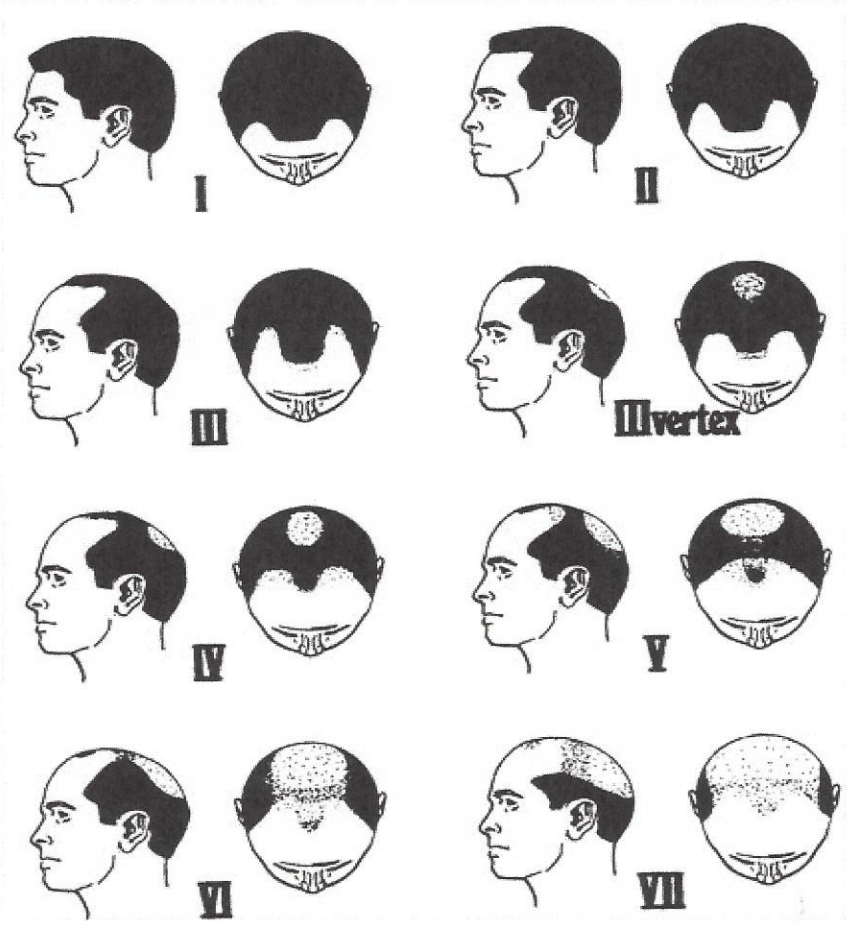
   a. Are you currently taking Propecia/Proscar/Finasteride? ○ YES ○ NO For how many years? _____
      i. Do you feel it has been effective? ○ YES ○ NO
   b. Are you currently using Rogaine or Minoxidil? ○ YES ○ NO For how many years? _____
      i. Dosage? 2% ○ 5% ○ How often? _____
      ii. Do you feel it has been effective? ○ YES ○ NO
7. Have you had a hair restoration consultation in the past? ○ YES ○ NO If yes, where? _____
8. Have you ever had a hair transplant (or scalp reduction)? ○ YES ○ NO If yes, see below.
   a. By whom? _____
   b. How many grafts? _____
   c. How many procedures? _____ When was you last procedure? _____
9. Do you, or have you, ever shaved your head? ○ YES ○ NO
10. What is your occupation? _____
11. Do you have a family history of hair loss? ○ YES ○ NO If yes, please complete the next page.

Family History of Hair Loss

Using the chart below, please indicate the loss pattern that best matches each of your family members.

Mother's Family	**Father's Family**	**Your Family**
Father _____	Father _____	Father _____
Mother _____	Mother _____	Mother _____
Uncles _____	Uncles _____	Siblings _____
Aunts _____	Aunts _____	Children _____

Norwood's Classification of Male Pattern Alopecia



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