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 ☐ At-home or in-office laser therapy ☐ Hair vitamin / Herb / Supplement

☐ Special Shampoo

    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