MD WELLNESS CENTER AND MED SPA

Dr. Srinivasu Kesa, MD
American Board of Obesity Medicine
www.MyTrimMD.com
contact@mytrimmd.com

6822 E 82ND ST. SUITE #300 INDIANAPOLIS IN 46250 317.548.4666 317.650.2501 317.350.0059

Hair loss Intake Form

Name: _____

DOB: _____ Ph. No: _____

Email: _____

Mailing Address: _____

SexualWellnessTreatmentConsentForm

_____

General History	☐ Thyroid Disease ☐ Recent Weight Loss ☐ DM ☐ Autoimmune Diseases ☐ Chronic Liver Disease ☐ Chronic Renal Disease	
Medication History- Are You On	☐ Tamoxifen ☐ Allopurinol ☐ L Dopa ☐ Bromocriptine ☐ Bismuth ☐ Gold ☐ Oral Retinoid ☐ Anticonvulsants ☐ B Blockers Ex Metoprolol ☐ Antithyroid Medications ☐ Anticoagulants	
Hair Loss History	☐ When Did It Start? ☐ Is It Continuous Or Intermittent? ☐ Is It Patchy Or Diffuse? ☐ Did It Start Suddenly Or Gradually? ☐ Does Hair Come Out In Clumps? ☐ How Long Has It Been Going On?	

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	☐ Any Stress Before Hair Loss? ☐ Scarring Or Non-Scarring ☐ Did You Start Losing Hair During Pregnancy? ☐ Did You Start Losing Hair During Menopause? ☐ History Of Thyroid Problems ☐ Any Recent History Of Severe Illness ☐ Do You See Broken Hair Shafts On The Scalp? ☐ Do You Use Hair Straightening Agents? ☐ Do You See Yellow Or Black Dots On The Scalp? ☐ Are You Losing Eyelashes Also? ☐ Do You Have Fatigue? ☐ Did Hair Loss Start After Starting Chemo Or Radiation Therapy? ☐ If Chemo, What Is Chemo Used? ☐ Do You See Any Nail Pitting? ☐ Do You See Scaling? ☐ Is Scalp Itchy? ☐ Do You Feel Any Swollen Lymph Nodes? ☐ Do You Use Excessive Brushing Or Heat To Straighten The Hair? ☐ Do You Swim In The Ocean A Lot? ☐ Do You Pull On Hair A Lot? ☐ Do You Perm Regularly? ☐ Do You Wear A Hat Regularly?	
Family History	☐ Strong Family History Of Hair Loss ☐ Do You Have Pets At Home?	

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	☐ Do You Share Hats Or Brushes With Anyone Else?	
Previous Treatment History	☐ Monoxide ☐ Prophecies ☐ Any Other Topical ☐ Steroid Injections ☐ PRP ☐ Laser Hair Restoration Rx ☐ Hair Transplant	
Hair Loss Pattern	☐ Is It Getting Worse Or Better? ☐ What Area Is Your Hair Loss Worse • ☐ Hairline • ☐ Top • ☐ Bottom • ☐ Back • ☐ Diffuse	

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Please Tick the Image That Best Describes Your Hair Loss Now:

☐ ☐

☐ ☐

☐ ☐

☐ ☐

Women—

☐ ☐

☐