BAY AREA DERMATOLOGY QUESTIONAIRE
EVALUATION OF HAIR LOSS

Date _____

1. Is there any family history of hair loss? _____
2. Are there any bald men in your family ? ☐ Yes ☐ No -Who? _____
3. Are there any women in the family with thin hair? ☐ Yes ☐ No - If so, Who? _____
4. Have you had any surgery in the last year? ☐ Yes ☐ No - If so, what_____when_____
5. Have you been in the hospital in the last year? ☐ Yes ☐ No – If so, when? _____
6. Have you had any severe infections or high fever in the last year? (for example, cold, flu, urinary tract infection, bronchitis, etc?) ☐ Yes ☐ No – If yes: what _____
7. Have you had a baby in the last year? ☐ Yes ☐ No _____
8. Are you on any special diet? ☐ Yes ☐ No -Specify _____
9. Do you take any medications for:
   - High blood pressure ☐ Yes ☐ No _____
   - Thyroid problem ☐ Yes ☐ No _____
   - Cancer ☐ Yes ☐ No _____
   - Epilepsy ☐ Yes ☐ No _____
   - Weight Loss ☐ Yes ☐ No _____
   - High Cholesterol ☐ Yes ☐ No _____
   - Gout ☐ Yes ☐ No _____
   - Anemia ☐ Yes ☐ No _____
10. Do you take any of the following medications? If yes, list?
    - Blood Thinners ☐ Yes ☐ No _____
    - Hormones ☐ Yes ☐ No _____
    - Birth Control Pills ☐ Yes ☐ No _____
    - Anti-Depressants ☐ Yes ☐ No _____
    - Anticonvulsants ☐ Yes ☐ No _____
    - Mouth Washes ☐ Yes ☐ No _____
    - Vitamins, Which ones ☐ Yes ☐ No _____
    - Anti-Inflammatories ☐ Yes ☐ No _____
11. Do you take any of these medicines? ☐ Yes ☐ No … Iodine, Propylthiouracil, Premarin, Gold, Cholestyramine, Colchicine, Captopril, Enalapril, Fluconazole, Nicotinic Acid, Allopurinol, Interferon , Clofibrate, Lithium, L-Dopa, Furadantin, Pepto-Bismol, Vitamin A., Propanolol, Probenecid
    If Yes, List which ones ? _____
12. List any other pertinent information you feel might be important to the doctor:
    _____
    _____