

MARTINE LANGSAM, IAT, WTS - Trichology Clinic
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www.martinelangsam.com (415) 453-9792

Please fill out all information in order to update your history and assist your follow-up appointment. Remember to not wash your hair or apply hair fibers the day of your consultation. It is helpful to see the condition of your scalp. Thank you again!

Name: _____ Date: _____

Address: _____

Telephone: (hm) _____ (cell) _____

Email: _____

Occupation: _____

Any changes or concerns since you last came in?

Medical

Have you seen a doctor, naturopath, or medical professional since I last saw you?

Yes/No If yes, what type of medical professional and why?

Have you had any tests done recently? Yes/No If yes, please include your tests results.

Any changes in medications? Please list all current medications:

Any changes in Supplements/Chinese medicines? _____

How is your stress level? Same/Improved/Worse

Females Only

Female issues: Yes/No Post-Menopausal: Yes/No
Are you planning to get pregnant in the next 6 months? Yes/No
Are you currently pregnant or nursing? Yes/No

Males Only

Have you had or plan to take a PSA blood test for the screening of prostate cancer?
Yes/No
Do you have an enlarged prostate, prostate cancer? Yes/No

Hair Loss

Has your hair shedding slowed down? Yes/No

Have you seen any new hair growth? Yes/No

Does your hair feel thicker? Yes/No

Any recurrent attacks of patchy loss: Yes/No

Please list all hair restoration products you are currently using:

Conditions of Hair and Scalp

Any changes in your scalp or hair type? _____

Which of the following best describe your scalp type? Please check all that apply:
Dry/Oily/Flaky/Normal/Sensitive/Dandruff/Redness/Bumps/ingrown hairs

Frequency of shampooing:_____ Current hair products:_____

Nutrition

Any changes in your diet or nutrition? Yes/No If yes, please explain: _____

Gained or lost weight recently? Yes/No If yes, how much? _____

