



*Please circle your answer where required.*

## HAIR ANALYSIS FORM

DATE:

NAME:

ADDRESS:

TEL MOBILE:

TEL HOME:

D. O. B: DD/MM/YYYY

ETHNIC GROUP:

OCCUPATION:

E-MAIL:

MALE

FEMALE

- SPORTING ACTIVITIES: HOW OFTEN:
- ARE YOU ON ANY KIND OF DIET? YES NO
- WHAT KIND?
- GENERAL DIET: GOOD AVERAGE POOR
- ESTIMATED DAILY LIQUID INTAKE: \_\_\_\_\_ cups
- ANY ILLNESS OR SURGERY WITHIN PREVIOUS 12 MONTHS:
- ##DETAILS:
- PRESCRIBED MEDICINES:
- GENETIC HAIRLOSS: FATHER MOTHER

## PRESENT HAIR CARE

- SHAMPOOING: HOW OFTEN? (per week) \_\_\_\_\_
- CONDITION: TINTED PERMED HIGHLIGHTS
- DAMAGE: OVERPROCESSED CHEMICAL SUN
- STRENGTH: STRONG NORMAL LIMP
- DENSITY: POOR NORMAL THICK
- WHEN DID HAIRLOSS COMMENCE: % LOSS
- WHERE: ALL OVER FRONT CROWN IN PATCHES
- SCALP: IRRITATION ITCHINESS
- GREASINESS: YES NO ANY SKIN CONDITIONS:

## PAYMENT (£\* \$.00 for Hair Analysis report)

CHEQUE GUARANTEE CARD NUMBER:

VALID FROM DATE

EXPIRY DATE

SIGNATURE

## CHECK LIST:

HAIR ANALYSIS FORM & HAIR SAMPLE  
CHEQUE MADE PAYABLE TO;  
ALOPECIA CLINIC LTD, and post to:  
13-15 WALKER STREET, DENTON MANCHESTER M34 3LH