

Alopecia Initial Evaluation Form

Patient Gender: M or F
Patient Age: _____ years
Patient Race: Caucasian African American Asian Hispanic Other : _____

HPI:

Duration of hair loss: _____

Increased shedding? Y or N

Location on scalp: diffuse vs focal : vertex vs temporal vs frontal vs parietal

Symptoms?: _____
examples: pruritus (itch), scale, trichodynia (pain), redness

Haircare practices? _____
(chemicals, heat, hairstyles, etc.) _____

Any special diets or dietary restriction: _____

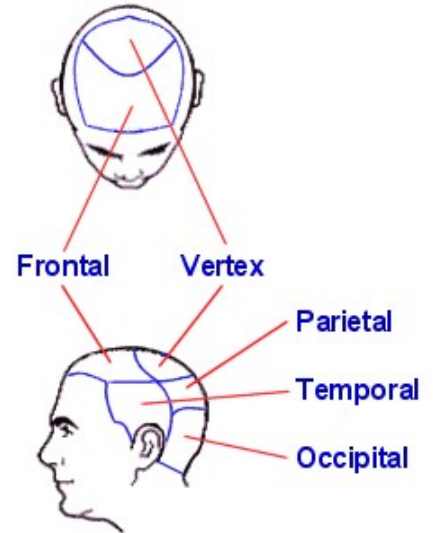
Any physical or emotional stressors? _____
(in past 12 months) ? _____

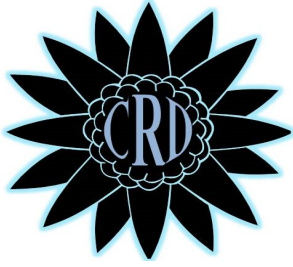
Medication List and date started:
(or cessation of recent meds, ie hormonal therapy)

Family History of hair loss: _____
(1st degree relatives) _____

Pertinent Medical History: _____
(thyroid disease, anemia, lupus) _____

Previous work up? _____
(lab or biopsy) _____





Treatments previously tried? _____
(Rogaine, vitamins, shampoos, etc) _____

Exam:

Scalp: _____

Hair loss pattern/severity: _____

Hair Shaft: _____

Diagnostic Tests:

Hair Pull Test: _____

Dermoscopy: _____

Hair Mount: _____

Assessment:

(Classification: Scarring vs Non-scarring Alopecia, etiology)

Plan: