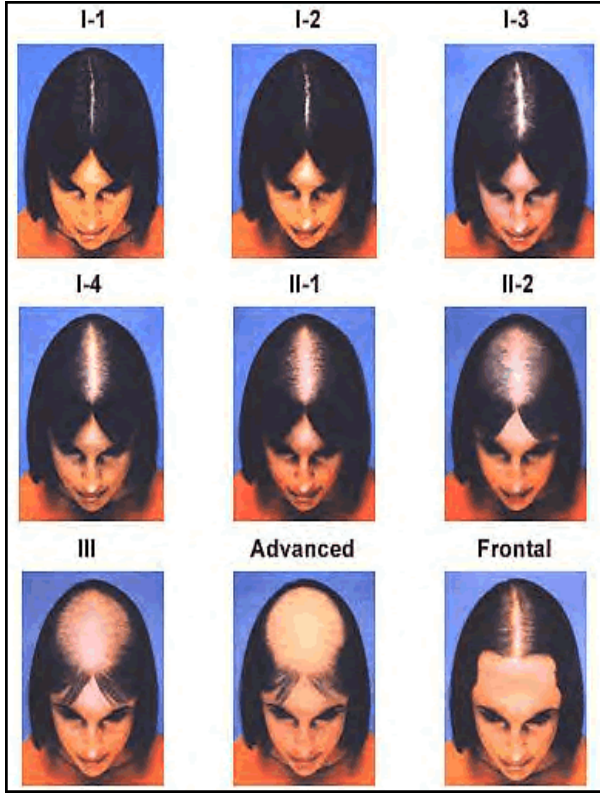


HRI Hair Loss Self Evaluation Form

Bring this in with you to your private consultation with a certified HRI consultant



Circle your thinning pattern above

Consultation scheduled at

on _____ at _____

(date) (time)

Please note the following:

- Clean scalp for microscopic analysis
- Photo of yourself with more hair helpful, but not necessary
- Friend or significant other welcome to attend

What is your Age? _____

How old were you when you first noticed hair loss?

Developed slowly? _____ Rapidly? _____

What is your hair color? _____

What is the texture of your hair?

_____ Fine _____ Medium _____ Thick

Which characteristic best describes your natural hair?

_____ Straight _____ Curly _____ Wavy

Do you want to:

- A. Stop your hair loss? _____ Yes _____ No
- B. Fill in areas that you have hair loss _____ Yes _____ No
- C. Have full head of hair? _____ Yes _____ No

Have you consulted with a doctor about your hair loss condition?

What treatment if any was recommended?

Have you ever had a surgical hair restoration performed?

_____ Yes _____ No

Have you treated your hair loss with any of the following?

Rogaine _____ Hair piece _____

Propecia _____ Nioxin _____

How were you referred to HRI of MN?

Get More HAIR, Get More LIFE!

612-588-HAIR (4247)

Fax- 952-698-3419