

|  |                    |  |               |
|--|--------------------|--|---------------|
| <b>Name:</b>   |                    |  |               |
| <b>Address:</b>  |                    |  |               |
| <b>Post Code:</b>  |                    |  |               |
| <b>E-mail:</b>   |                    |  |               |
| <b>Telephone:</b>  |                    |  |               |
| <b>occupation:</b>   |                    |  |               |
| <b>Date of Birth:</b>  | <b>Male</b>        |  | <b>Female</b> |
| <b>What is your main concern:</b>  | <b>Scalp</b>       |  | <b>Hair</b>   |
| In brief describe your concern/condition, including date of onset and development ( if possible, provide good quality photos of 'before' and 'after'). |                    |  |               |
| Have you ever consulted with your G.P for any hair or scalp conditions?<br>Please advise:  |                    |  |               |
| Family history of hair loss/skin problems;   |                    |  |               |
| General health over the past five years such as Accidents, illness, operations   |                    |  |               |
| <b>Hair condition: -Please add any comments</b>  |                    |  |               |
|  | <b>Normal</b>      |  |               |
|  | <b>Dry</b>         |  |               |
|  | <b>Greasy</b>      |  |               |
|  | <b>Combination</b> |  |               |
| <b>Hair texture: -Please add any comments</b>  |                    |  |               |
|  | <b>Normal</b>      |  |               |
|  | <b>Fine</b>        |  |               |
|  | <b>Thick</b>       |  |               |
| <b>Hair length: -Please add any comments</b>   |                    |  |               |
|  | <b>Short</b>       |  |               |
|  | <b>Medium</b>      |  |               |
|  | <b>Long</b>        |  |               |

**Frequency of shampooing/conditioning;**

**List shampoo(s) and conditioners**

**List Styling products such as Mousses, Hairsprays, Waxes.**

**Allergies: Medications, Cosmetics, Foods**

**Please supply a photographs prior to your hair/scalp complaint (within 12 months)  
and also of your condition now;**

|   |  |
|---|--|
| <b>Scalp type :-Please add any comments</b>                                   |  |
| Dry & itchy   |  |
| Itchy/flaky   |  |
| Greasy  |  |
| Greasy & flaky  |  |
| Greasy with flakes hard to remove   |  |
| Weeping spots   |  |
| Dry crusty spots  |  |
| <b>Hair Type: -Please add any comments</b>                                    |  |
| Caucasian hair  |  |
| Afro Caribbean hair   |  |
| Oriental hair   |  |
| Asian hair  |  |
| <b>Do you use on your hair any of the following: -Please add any comments</b> |  |
| Electrical tongs  |  |
| Electrical hot brush  |  |
| Electrical straighteners  |  |
| <b>Do you use any of the following: -Please add any comments</b>              |  |
| Wig   |  |
| Toupee  |  |
| Hair piece  |  |
| Hair weft   |  |
| Hair weave  |  |
| Hair extensions   |  |
| <b>What shampoo do you use: -Please add any comments</b>                      |  |
| Shampoo for normal hair   |  |
| Shampoo for dry hair  |  |
| Shampoo for dry brittle hair  |  |
| Shampoo for greasy hair   |  |
| Shampoo for fine fly away hair  |  |
| Shampoo for combination hair  |  |
| Anti-dandruff Shampoo   |  |
| Shampoo for chemically over processed hair                                    |  |
| Shampoo for colour treated hair   |  |
| Shampoo for relaxed hair  |  |

|  |            |                          |           |
|--|------------|--------------------------|-----------|
| <b>What type of Conditioner do you use: -Please add any comments</b> |            |                          |           |
| <b>Conditioner for normal hair</b>                                   |            |                          |           |
| <b>Conditioner for dry hair</b>                                      |            |                          |           |
| <b>Conditioner for greasy hair</b>                                   |            |                          |           |
| <b>Conditioner for fine fly away hair</b>                            |            |                          |           |
| <b>Conditioner for chemically over processed hair</b>                |            |                          |           |
| <b>Conditioner for colour treated hair</b>                           |            |                          |           |
| <b>Conditioner for Relaxed hair</b>                                  |            |                          |           |
| <b>Do you apply moisturiser to your scalp:</b>                       | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> |
| <b>Cream</b>   |            |                          |           |
| <b>Oil</b>   |            |                          |           |
| <b>Wax</b>   |            |                          |           |
| <b>Do you use over- the - counter home products</b>                  | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> |
| <b>Do you attend a Salon</b>   | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> |
| <b>Are you a regular Salon client</b>                                | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> |
| <b>Please give details of any products used:</b>                     |            |                          |           |
| <b>Coloured Mousse</b>   |            |                          |           |
| <b>Coloured Setting Lotions</b>                                      |            |                          |           |
| <b>Coloured Hairspray</b>  |            |                          |           |
| <b>Semi/wash in colour</b>   |            |                          |           |
| <b>Quasi colour</b>  |            |                          |           |
| <b>Permanent colour</b>  |            |                          |           |
| <b>Bleach</b>  |            |                          |           |
| <b>Bleach bath</b>   |            |                          |           |
| <b>Perm</b>  |            |                          |           |
| <b>Relaxer</b>   |            |                          |           |
| <b>Chemical straightener</b>   |            |                          |           |
| <b>Perm for Afro Caribbean hair</b>                                  |            |                          |           |
| <b>How are these applied: -Please add any comments</b>               |            |                          |           |
| <b>Full head</b>   |            |                          |           |

|  |  |
|--|--|
| <b>Root regrowth</b>   |  |
| <b>High/Low lighting</b>   |  |
| <b>End perm</b>  |  |
| <b>Perm wound on rod/curls with solution</b>                               |  |
| <b>Perm wound on rod/curls then applied solution</b>                       |  |
| <b>High/low lights cap method</b>  |  |
| <b>High/low lights foil method</b>   |  |
| <b>Combination of above. Please indicate by ticking appropriate boxes.</b> |  |
| <b>Frequency of any colouring procedures: -Please add any comments</b>     |  |
| <b>Weekly</b>  |  |
| <b>Fortnightly</b>   |  |
| <b>Monthly</b>   |  |
| <b>Twice a year</b>  |  |
| <b>Once a year</b>   |  |
| <b>Less than once a year</b>   |  |

|   |            |  |           |  |
|---|------------|--|-----------|--|
| <b>Do you eat a general diet</b>  | <b>Yes</b> |  | <b>No</b> |  |
| <b>Over the past 12 months have you changed your diet</b>   | <b>Yes</b> |  | <b>No</b> |  |
| <b>If Yes, briefly describe how</b>   |            |  |           |  |
| <b>Are you a vegetarian</b>   | <b>Yes</b> |  | <b>No</b> |  |
| <b>Are you vegan</b>  | <b>Yes</b> |  | <b>No</b> |  |
| <b>If you are vegetarian or vegan have you taken expert advice on your diet plan</b>  |            |  |           |  |
| <b>Please advise:</b>   |            |  |           |  |
| <p><b><i>When completed, return either by post enclosing a cheque for £15.00 made payable to 'C P Walker'; or by –email and we will contact you by telephone to arrange payment of the fee by credit card</i></b></p> <p style="text-align: center;"><b><i>Or</i></b></p> <p><b><i>by PayPal account: cpw@birminghamtrichology.co.uk</i></b></p> <p><b><i>On the basis of your questionnaire, I undertake to respond with written advice within seven days.</i></b></p> |            |  |           |  |