

Name:			
Address:			
Post Code:			
E-mail:			
Telephone:			
occupation:			
Date of Birth:	Male		Female
What is your main concern:	Scalp		Hair
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? Please advise:			
Family history of hair loss/skin problems;			
General health over the past five years such as Accidents, illness, operations			
Hair condition: -Please add any comments			
	Normal		
	Dry		
	Greasy		
	Combination		
Hair texture: -Please add any comments			
	Normal		
	Fine		
	Thick		
Hair length: -Please add any comments			
	Short		
	Medium		
	Long		

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;**

Scalp type :-Please add any comments	
Dry & itchy	
Itchy/flaky	
Greasy	
Greasy & flaky	
Greasy with flakes hard to remove	
Weeping spots	
Dry crusty spots	
Hair Type: -Please add any comments	
Caucasian hair	
Afro Caribbean hair	
Oriental hair	
Asian hair	
Do you use on your hair any of the following: -Please add any comments	
Electrical tongs	
Electrical hot brush	
Electrical straighteners	
Do you use any of the following: -Please add any comments	
Wig	
Toupee	
Hair piece	
Hair weft	
Hair weave	
Hair extensions	
What shampoo do you use: -Please add any comments	
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	

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

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

Do you eat a general diet	Yes		No	
Over the past 12 months have you changed your diet	Yes		No	
If Yes, briefly describe how				
Are you a vegetarian	Yes		No	
Are you vegan	Yes		No	
If you are vegetarian or vegan have you taken expert advice on your diet plan				
Please advise:				
<p><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></p> <p style="text-align: center;"><i>Or</i></p> <p><i>by PayPal account: cpw@birminghamtrichology.co.uk</i></p> <p><i>On the basis of your questionnaire, I undertake to respond with written advice within seven days.</i></p>				