

Hair Transplant Consultation & Quote Questionnaire

Thank you for your interest in a hair transplant consultation. Please complete the form below which will assist us to assess your suitability and provide an accurate quote.

1. Personal Details

- Full Name: _____
 - Date of Birth: _____
 - Phone Number: _____
 - Email Address: _____
 - Preferred Contact: Phone Email SMS
 - Occupation: _____
 - Residential Address: _____
 - Postal Address (if different) _____
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2. Hair Loss History

- Do you have a family history of hair loss?
 Yes No I don't know
 - When did you first notice hair loss? _____
 - Which areas are affected?
 Hairline Crown Top/Mid Scalp Donor area Other: _____
 - How fast is your hair loss progressing?
 Slow Moderate Rapid
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3. Previous Hair Loss Treatments

Have you had or used any of the following? (Tick all that apply)

- Hair transplant
- PRP (Platelet-Rich Plasma) therapy
- Hair loss medications (e.g. finasteride, minoxidil)
- Laser/light therapy
- Topical or natural treatments
- Other: _____

If yes, please provide details (type of treatment, duration, year, results):

4. Medical History

- Do you have any medical conditions? (e.g. heart disease, diabetes, skin/scalp disorders)
 Yes No — If yes, please list: _____
 - Are you currently taking any medications or supplements?
 Yes No — If yes, please list: _____
 - Do you have any allergies (e.g. to medications, anaesthetics)?
 Yes No — If yes, please specify: _____
 - Do you smoke or vape? Yes No
 - Do you drink alcohol regularly? Yes No
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5. Photos

Please upload **clear, well-lit photos** of your hair from the following angles:

 Front |  Top |  Left |  Right |  Back (donor area)

Hair should be **dry** and **clearly visible**. Use a **plain background** and good lighting.

6. Goals & Expectations

- What are your main goals for treatment?

 - When would you ideally like to have the procedure?
 1–3 months 3–6 months 6+ months Just exploring
 - Have you had any previous hair transplant consultations?
 Yes No
If yes, please provide details of the outcome: _____
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7. Additional Information

- How did you hear about us?
 Google Instagram Referral Other: _____
- Anything else we should know?