

# 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: \_\_\_\_\_
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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):

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#### 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.

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#### 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?