



# HAIR RESTORATION CENTER OF CONNECTICUT

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Diplomate of the American Board of Hair Restoration Surgery  
Fellow International Society of Hair Restoration Surgery

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_ May we send text and/or email appointment reminders? \_\_\_\_\_

Who referred you?  \*Self-referred  Dermatologist  Other Physician  Friend  Hair Stylist

If \*self-referred, how did you find us?  Online/Web Search  Facebook  Instagram  YouTube  Other

## 1) When did you first notice your hair loss?

\_\_\_\_\_

## 2) Where is your hair loss most bothersome?

- Receding in front  Thinning at crown  Thin everywhere  Eyebrows  
 Facial hair  Other: \_\_\_\_\_

## 3) What first drew your attention to your hair loss?

- Negative comments from friends/family  I saw pictures of myself  
 I've been seeing excessive loss of hair in the shower  Other: \_\_\_\_\_

## 4) What bothers you most about losing your hair?

- I look older than I feel  I feel less attractive  I feel less confident  I just want to look my best  
 Other: \_\_\_\_\_

## 5) What concerns, if any, do you have about hair transplantation?

- Pain  Scarring  Cost  Doesn't look natural  
 Other: \_\_\_\_\_

## 6) What other options have you tried?

- Propecia  Laser Therapy  Supplements  Hair Products  
 Rogaine  PRP  Wigs  Previous Hair Transplant

## 7) Are you willing to accept going bald or shaving your head?

- Yes  No

## 8) What would be the best thing about having your hair back?

- I'd look younger  I'd feel more attractive  I'd feel more confident/ secure  
 I could style my hair any way I want  Other: \_\_\_\_\_

I acknowledge that **HIPPA Privacy Practices** have been made available to me and I understand that all medical information will be kept confidential.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_