Dermatology of the Berkshires pc
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HAIR INFORMATION SHEET

Name: _____ DOB: _____ Age: _____ Date: _____

1. When did hair loss begin? _____
2. Did you first notice and increase in hair shedding **or** a thinning of the hair? _____
3. What part of the scalp is involved? _____
4. Do you have bald spots? □Yes □No
5. Is there hair loss on other parts of your body? □Yes □No If yes, where? _____
6. Do you have a rash, scaling or itching on your scalp or skin? □Yes □No
7. Have you been previously diagnosed or treated for hair loss? □Yes □No
8. Have you experienced a physically or psychologically stressful event in the months prior to the hair loss (such as illness, surgery, death in the family, job change, divorce, move, etc.)? □Yes □No
9. How frequently do you wash your hair? _____
10. Do you use a conditioner? □Yes □No Do you blow dry your hair? □Yes □No
11. Do you perm or color your hair? □Yes □No If yes, how often? _____
12. Women: History of hormonal imbalance, ovarian cysts, irregular periods or increased facial hair? □Yes □No
13. Women: What is the date of your last menstrual period? _____ Women: date of last GYN exam: _____
14. Date of last physical exam: _____ 15. Have you ever been diagnosed with any of the following? Please check all that apply.

□Thyroid Disease □Lichen Planus □Lupus □Syphilis □Psoriasis □Eczema

16. Have you had a change in any of the following? Please check all that apply.

□Energy Level □Weight □Hair or skin texture □Bowel Habits □Diet

17. Have you had any recent bloodwork? □Yes □No If yes, what: _____
18. Did you stop or start any medications in the months before the hair loss? □Yes □No

If yes, which one(s): _____

19. Do you take Vitamin A supplements? □Yes □No If yes, how much and how often: _____
20. Is there a family history of thinning hair or baldness? □Yes □No Who: _____

21. Are you on hormone replacement therapy? □Yes □No If yes, for how long? _____
22. Do you ever repeatedly twirl, pull or pluck your hair? □Yes □No
23. Now, or in the past, did you regularly wear your hair up in a tight ponytail or braids? □Yes □No
24. When did you last wash your hair? _____
25. Please list any over-the-counter treatments or prescriptions you have tried: _____

_____

PROVIDER USE ONLY
Hair Information Sheet

_____ Please do not write below this line_____

Exam:

Scalp: ☐ Healthy ☐ Erythema with fine scaling ☐ Black Dots ☐ Erythematous scaling plaques

☐ Perifollicular erythema/hyperkeratosis ☐ Perifollicular papules/pustules ☐ Scarring Alopecia

☐ Boggy plaques with abcesses ☐ Exclamation point hairs ☐ Non Scarring Alopecia _____

Hair: ☐ Preserved frontal hairline ☐Bitemporal recession ☐ Minitiaurization on hair shafts

☐ Part width: Crown _____ mm ☐ Occipital: _____ mm

☐ Hair pull test x2: ☐ Negative ☐ _____ # telogen club hairs

☐ Anagen hairs ☐ Fragmented hairshafts ☐ Trichogram _____

Assessment: ☐Telogen Effluvium ☐Alopecia Areata ☐Tinea Capitis

☐Androgenetic Alopecia ☐Trichotillomania ☐Lichen Planopilaris ☐Other: _____

Etiology, nature and treatment discussed for _____

Plan: ☐ Check CBC with diff, TSH serum FE

☐ Rogaine 5% QD BID. Application and common side effects discussed including irritation and facial hair growth

☐ Propecia 1mg PO QD #90 with 5 refills.Possible erectile dysfunction and fact that spouse/girlfriend should not handle pills.

☐ T/C HRT – referred to GYN/PCP to explore.

☐ Spironolactone 50mg QD to increase to BID over next 3 weeks as tolerated. #60 with 3 refills. Common potential side effects of irregular menses, breast tenderness, low BP and electrolyte imbalance discussed.

☐ Baseline electrolytes, renal function, CBC ordered and re-check in 6 weeks. ☐Check LFTs

☐ Topical Clobetasol 0.05% solution QD to scalp x4weeks only #60 cc. F/U 4 weeks

☐ ILK 3mg/cc _____cc injected to _____ area. F/u 4 weeks

☐ Reassured that in TE the majority of people will have hair regrowth at 1 year and it is not permanent or progressive. Generally only about one third total scalp hair is shed.

☐ Gris Peg 125/250 mg tabs, 1 PO QD #45 ☐ Fulvicin PG 330mg, 1 PO QD #45

☐ Nizoral Shampoo QOD ☐ Do not share hair care tools or hats

☐ Etiology, nature and tx options of _____ discussed. ☐_____ minutes spent, >50% counseling

☐ Pt examined by Dr. Cavalli ☐ Treatment plan discussed with Dr. Cavalli

FOLLOW UP: VRC JLR KRA

CC:

Jonna L. Racela, PA-C _____

Kacie R. Arsenault, PA-C _____

Victoria R. Cavalli, M.D. _____