



HAIR RESTORATION and Aesthetic Medicine Center

Scott A. Boden, M.D. - Director

Diplomate of the American Board of Hair Restoration Surgery

Thank you for inquiring about solutions for your hair loss. I recognize that for some, this is a courageous first step. Be assured that your visit here is held in the strictest confidence and that your concerns will be addressed seriously and professionally.

It would be helpful to know some information about you, so that I can thoroughly evaluate you and recommend the best solutions available.

Sincerely,
Scott Boden, M.D.

Name: _____

Date of birth: _____ Age: _____

Address: _____

Telephone: _____ (cell/work)

Email: _____

_____ (home)

How did you hear about us?

Spouse/significant other: _____

Occupation: _____

- How long have you been experiencing hair loss? _____
- Where is your hair loss most bothersome (circle as applicable)? *Receding in front / thinning in crown/ thin everywhere/ other* _____
- What have you tried for your hair loss? *Propecia / Rogaine / Laser therapy / Hair transplantation/ hair products* _____
- Which family members have hair loss? _____
- What bothers you most about your hair loss? *"It makes me look older than I feel"* ___
"It is difficult to style my hair" ___ *"My friends/kids/co-workers/significant other gives me a hard time"* ___ *"My confidence is decreased"* ___ *"I just want to look my best"* ___
Other reasons you would like to share: _____

By signing this notice 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: _____