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Date \_\_\_\_\_

**CONFIDENTIAL QUESTIONNAIRE**

Thank you for taking the time to complete this questionnaire. The information will be treated in confidence and will be helpful during consultation to give you our best advice and service.

Name \_\_\_\_\_

First Name Middle Name Family Name

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ 19 \_\_\_\_\_ Occupation \_\_\_\_\_ Married / Single

How did you hear about IHRB? (Please name source): \_\_\_\_\_

What is your favourite? Sport \_\_\_\_\_ Are you planning a family? \_\_\_\_\_

Which of the following hair and scalp problems do you wish to treat? Allergies: \_\_\_\_\_

- Hair Loss
- Dandruff
- Itchy Scalp
- Oily / Dry Hair

How long ago did you first notice excessive hair loss? \_\_\_\_\_ Weeks / Years / Months

What previous treatment have you had for the problem? \_\_\_\_\_

What results were achieved?  Excellent  Good  Unsatisfactory  Totally Ineffective

Other (please specify) \_\_\_\_\_

What results do you wish to achieve? \_\_\_\_\_

Surgical Hair Replacement

Which of the following appeals to you?

- I want to see and feel good about the results
- I want others to comment on the improvement

Which of the following was the most important factor in motivating you to take action for your problem?

- I am concerned about my appearance and want a solution
- I want to increase my confidence and self esteem
- I want to look younger
- My 'family doctor' / a friend / family member urged me to seek advice
- Other (please specify) \_\_\_\_\_

Has your spouse / partner.....

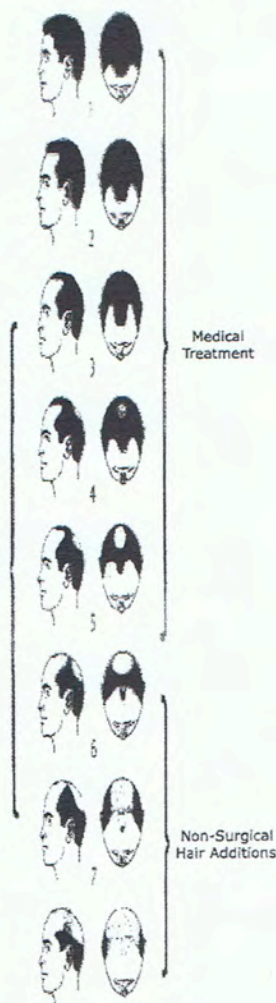
- Encouraged you to do something about it
- Says it does not matter
- Made no comment

Are there any comments you wish to make regarding your 'hair loss' and scalp problems that we should be aware of? \_\_\_\_\_

Thank you for your assistance.

Signature: \_\_\_\_\_

**VARIOUS STAGES OF MALE PATTERN BALDNESS AND OUR RECOMMENDED OPTIONS**



Roughly sketch you area of hair loss

