

Andrea Peele is a licensed Cosmetologist, Hair loss specialist, and a student of Trichology. Trichology is the para-medical science of the hair, hair loss and associated scalp problems. It encompasses the study of the diseases of the human hair and scalp, as well as the assessment of the cause(s) and treatment of these disorders.

The word “trichology” comes from the Greek word, ‘Trikhos’, meaning ‘hair’, and was first conceived as a specialty branch of study in Britain in the late 19th century. It then became a specific para-medical discipline in 1902.

Today, trichology is perceived as the “bridge between cosmetology and dermatology.”

What is a trichologist?

A Trichologist is a hair and scalp specialist. Trained in life sciences, they look at hair loss problems in a holistic way by evaluating clients on the basis of personal history, lifestyle, genetic factors and environmental conditions. Based on this information, a trichologist is able to suggest individualized treatments, give nutritional advice and recommend lifestyle changes to improve the health and appearance of the hair and scalp.

Like other para-medical (non-physician) health specialists such as nutritionists, a competent trichologist should work closely with your medical doctor to find out whether any medical problems are associated with your hair loss. Your physician should also be willing to work with your trichologist with respect to taking and analyzing blood tests that your trichologist suggests.

A competent trichologist should be able to genuinely empathize with you. He or she should also spend time advising you on how to best cope with your condition as part of the treatment regimen

Hair Loss Consultation Form

Personal Information

Full Name:

D.O.B. (Date of birth):

Date:

Email

Street Address:

City, State, and Zip code:

Phone Number:

Occupation:

Have you ever employed the services of anyone to correct your hair loss?
Yes No

Marital Status:

Single Married Separated Divorced Widow/Widower

Number of dependent children:

Ages (Separate by comma):

Employment Environment:

Outside Inside Paint, chemicals, etc. Dirty Clean Hot, humid, etc.

Medical History

Date of last physical exam:

Date of last x-ray:

Have you undergone treatment for any of the following conditions:

Heart trouble?

Yes No

Hypertension (High Blood Pressure)?

Yes No

Low Blood Pressure?

Yes No

Thyroid Imbalance?

Yes No

Pituitary Imbalance?

Yes No

Blood Disorder?

Yes No

Seizure Disorder (Epilepsy)?

Yes No

Anemia?

Yes No

Diabetes?

Yes No

Keloid (scar) Formation?

Yes No

Psoriasis?

Yes No

Skin/Scalp Disorder?

Yes No

Bodybuilding Steroids?

Yes No

Other medical treatment:

Do you now, or have you:

Had transplants?

Yes No

Been on a diet?

Yes No

Lost or gained more than 15 lbs. in the past year?

Yes No

Been eating a well-balanced diet?

Yes No

Been taking daily vitamins or supplements?

Yes No

Had any allergies?

Yes No

Had allergies to drugs or medicine?

Yes No

Had a recent accident?

Yes No

Had recent surgery?

Yes No

Had your scalp injured?

Yes No

Been under physician's care?

Yes No

Been using drugs or medication?

Yes No

Had excessive emotional strain?

Yes No

Been in good health?

Yes No

Habits

Alcohol?

Never Sometimes Often

Tobacco?

Never Sometimes Often

Drugs?

Never Sometimes Often

Candy, Soft Drinks, Etc.?

Never Sometimes Often

Is your scalp:

Oily?

Yes No

Dry?

Yes No

Flaky or crusty?

Yes No

Red or inflamed?

Yes No

Itchy?

Yes No

Sore and/or Tender?

Yes No

Bumpy?

Yes No

Does your scalp feel "Creepy Crawly?"

This section is to be filled out by female clients only

Pregnant?

Yes No

Menopause?

Yes No

Balanced menstrual cycles?

Yes No
Oral contraceptives?
Yes No
Are you taking hormones?
Yes No
Hysterectomy?
Yes No

Hair History

Family Hair Loss History (circle all that apply):
Father's Father, Mother's Father, Uncles (father's side), Uncles (mother's side),
Aunts (father's side)
Aunts mother's side, Your father, Your mother, Your brother(s), Your sister(s)

How long have you been losing your hair?

Percentage of hair loss:
30-50% 50-80% 80-100%

Please select any of the following hair services you've received within the past year. Chemical Relaxing or Straightening Treatment How often? _____
Date of last application _____

Perm How often? _____ Date of last application _____

Texturizing Treatment How often? _____ Date of last application _____

Highlighting or Lowlighting How often? _____ Date of last application _____

Full Color How often? _____ Date of last application _____

Do you presently have any breakage, thinning areas, or bald spots?

Yes No If yes, where? _____

Do you suffer from a dry and/or itchy scalp? Yes No Have you ever had dandruff? Yes No Have you ever had an adverse reaction to products, treatments, or chemicals used on your skin or scalp? Yes No If yes, please describe in detail.

Hair Weave and Extension History

Are you currently wearing a weave or hair extensions? Yes No If no, please proceed to the next section. If yes, please select the type from the list below.
Sew-In Bond/Glue Infusion Interlock Micro Rings Hair Unit/Replacement Wig
Micro Braids Other _____

How long does your current style last? 1-2 months 3-4 months 5-6 months
Other _____ What
system are you currently using?

Are you satisfied? Yes No If no, why not?

What is your natural hair texture? Wavy Curly Kinky Straight Permed Other

Style Information

How much time do you want to spend on your hair each day?

Describe your desired look. What about the look is most appealing to you?

How often do you shampoo and condition your hair? Daily Twice per Week
Once per Week Please list any hair products you currently use on a regular
basis. _____

Are you satisfied with your current products? Yes No If no, why not?

What tools do you use at home to style your hair? Select all that apply.

Blow-dryer _____

Flat Iron _____

Curling Iron _____

Round Brush _____

Is there any additional information you would like to share about yourself or your
hair? _____