

1. When did you first notice your hair loss?

2. On the chart below, where do you see:

___ Yourself currently

___ Father

___ Maternal Grandfather



3. What first drew your attention to your hair loss?

- Negative comments from family & friends
- I've been seeing excessive loss of hair in the shower
- I saw pictures of myself
- Other _____

4. What bothers you most about losing your hair?

- Balding makes me look older
- Balding makes me feel insecure
- I feel less attractive
- Other _____

5. What concerns do you have about hair transplantation?

- Pain
- Cost
- Scarring
- Other _____

6. Have you tried other options?

- Rogaine
- Wigs
- Propecia
- Hair Transplantation

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 secure
- I'd be more attractive
- Other _____

9. Do you know the difference between the ARTAS Robotic procedure and previous forms of hair transplantation procedures?

- Yes
- No
- If yes, what research have you done? _____

<Practice Name>
<Address 1> ,
<City, State, Zip>

<PRACTICE LOGO
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