

Highland Trichology

Initial Consultation Report

Details will not be shared with any third party and all information is GDPR protected.

Written consent must be obtained to share details with your GP or chosen medical professional.

Please bring or notify your Trichologist in advance a list of medications you take currently or within the last 12 months

Consultation ref:	1	Date of consultation	
Trichologist:	Beverley Macdougall	Follow Up 1:	
Client name:		Follow Up 2:	

1. Personal details

Client name				Gender	
Date of birth		Children		Youngest	
Address					
Email					
Telephone	Mobile		Home		
Occupation	Present		Previous		
GP details					

2. Health & Lifestyle

General health <ul style="list-style-type: none"> • How are you feeling? • Including any gastrointestinal issues: IBS, UC, Chron's etc • Any overall symptoms • Any antibiotics in last 12 months 	
Health changes <ul style="list-style-type: none"> • Significant illnesses/COVID-19 • Pregnancy/Childbirth/Breastfeeding • Operations and procedures • Peri-menopause/Menopause/Post-menopause • Recent changes to Supplements or medication • Any recent blood tests 	

Stress levels <ul style="list-style-type: none"> • Acute • Chronic • Causative Factors • Stress levels 1-10 • How many hours sleep per night? • Solid or broken sleep? Do you wake up still tired? 	
Medication and supplements <ul style="list-style-type: none"> • Oral • Injectables • Patches • Supplements • Prescribed medications • Any antibiotics in last 12 months 	
Family history <ul style="list-style-type: none"> • hair loss • auto-immune conditions • notable conditions 	
Hair care regime and products <ul style="list-style-type: none"> • Washes per week • Irritation • Allergy • Products • Heat damage • Styling 	
Nutrition – Hair Food <ul style="list-style-type: none"> • Summary of 3 Day Food & Drink Diary (TRICHOLOGIST USE ONLY) • Omnivore • Vegan/Vegetarian • Pescetarian • Keto/Low FODMAP • Fluid Intake • Smoking/Vaping • Alcohol • Teas/Coffee 	
Please complete the 3 day Food & Drink Diary	
Day 1: Food Diary Breakfast: Lunch: Dinner: Snacks:	Day 1: Fluid Intake

Any PPI's, antacids or supplements:	
Day 2: Food Diary Breakfast: Lunch: Dinner: Snacks: Any PPI's, antacids or supplements:	Day 2: Fluid Intake
Day 3: Food Diary Breakfast: Lunch: Dinner: Snacks: Any PPI's, antacids or supplements:	Day 3: Fluid intake
Activity levels <ul style="list-style-type: none"> • Sedentary • Active • Gym/classes • Lifestyle 	

3. Presenting Complaint – Hair & Scalp	
Main Concerns	

Onset:	
Client Aetiology <ul style="list-style-type: none"> • What do you think is causing it? 	
Progression <ul style="list-style-type: none"> • How long? • Has anything made it worse? 	
Symptoms <ul style="list-style-type: none"> • What do you feel – hair and scalp? • Itching • Flaking • Soreness • Tenderness • Tingling • Tightness 	
<p><i>The client named above has read and agreed that this information is a true record of their hair or scalp concerns and understands that this information will be used by Highland Trichology to diagnose or preliminary diagnose hair or scalp condition and recommend treatments within remit.</i></p>	
Client Signature:	Date:
<p><i>The client named above consents to information in the Initial Consultation being shared with medical professional of their choice such as GP or Dermatologist where applicable.</i></p> <p><i>Please state name and address of medical professional information may be shared with:</i></p>	
Client Signature:	Date: