

DIVINE COSMETIC SURGERY

A Premier Centre for VASER Liposelection,
Cosmetic Surgery and Hair transplantation
www.divinecosmeticsurgery.com

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Hair Transplant Consultation Form

Please consider filling out this form as accurately as possible. The information that is given by you will form the basis of the personal consult and also in further treatment planning. Thank you for your interest in undergoing treatment at Divine Cosmetic Surgery, Delhi, India.

Please be assured that all information given by you will be confidential and not be disclosed to anyone. Your pictures will not be shown to anyone or on any website without your prior consent.

Name :
(surname) (name)

Age :

Gender:

Permanent Address
.....
.....
.....

e-mail :

Phone :
(local) (permanent)

CLINICAL DETAILS

Please list concerns . Are you considering Hair transplant or would you like to consider medical managements of hair loss

- 1.....
- 2.....
- 3.....

Do you know of the different techniques of hair transplants

Do you smoke

Do you have a genetic pattern of hair loss. If so is it similar to your current pattern of hair loss

Divine Cosmetic Surgery

Are you on any medicines for hair loss or otherwise

Have you had any surgical procedure before

Have you ever had any cardiac intervention, angiography or any other procedure before

Are you now on or ever taken any blood thinner medicines – aspirin, acetrome, warfarin etc.

Have you ever been diagnosed with Alopecia conditions

Have you had any other cosmetic surgery procedure before ? If yes, please give details and when the procedures were done

Any previous hospitalistion

Any previous long treatment

Any history of diabetes

Any history of blood clotting, DVT

Have you any known allergies :

Any other details you would like to share with us for a better planning and result

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Do you wish to be contacted to schedule any further appointments. If so by phone or email

Signature :

Chloe Colman