

Xtend My Hair Salon & Co. LLC

Confidential Client's Profile

General Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Mobile: _____ Fax: _____

Email Address: _____ Date of Birth: _____

Place of Employment: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

How Did You Hear About Us? _____

Have You Consulted With Other Hair Replacement Professionals? _____ If Yes, Why Have You Chosen Us? _____

What Is The Primary Reason for Your Visit Today? _____ Hair Thinning _____ Alopecia _____ Accident _____ Medical _____ Cosmetic _____ Surgery _____

Other (Please Explain) _____

Have You Had A Hair Addition Before? _____ Yes _____ No

Are You Wearing A Hair Addition Now? _____ Yes _____ No

Is Baldness Hereditary In Your Family? _____ Yes _____ No

Age When You First Noticed Hair Loss? _____

Briefly Explain Your Biggest Concern With Hair Loss? _____

_____.

Explain What You Would Like To Achieve By Coming To Our Center? _____

_____.

***** Complete This Section **Only** If Your Hair Loss Is Due To A Medical Condition*****

If Yes, Does Your Insurance Plan Cover Hair Loss, Alopecia, Cranial Prosthesis, Baldness or Any Other Hair Loss Related Issue? _____ Yes _____ No _____ Don't Know.

If Yes, What is The Percentage (%) of Coverage? _____.

What Is The Process To File A Claim With Your Company? _____
_____.

What Is The Process To Register My NPI Number With Your Company? _____
_____.

Person's Name: _____ Contact Information: _____
_____.

Have You Ever Been Treated By A Doctor For Hair Loss? ____ Yes ____ No

If So, What Was The Diagnosis? _____.

Name Of Doctor: _____ Telephone Number: _____

***** Office USE ONLY *****

Vendor _____ Hair Type _____ Color _____ Length _____