ANGEL HANDS AESTHETICS
HAIR LOSS TREATMENT - CONSULTATION FORM

(For PRP, PRF, Microneedling or combined treatments)

Section 1: Client personal details

All information is kept strictly confidential.

Full Name: ____

Date of Birth: ____________________

Contact Number: ____________________

Email Address: ____

Address: ____

How did you hear about us? [ ] Google [ ] Social Media [ ] Recommendation [ ] Other: _______________

Section 2: Hair history and concerns

1. What is your main concern regarding your hair?

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2. When did you first notice hair loss or thinning?

[ ] Less than 6 months ago [ ] 6 months - 1 year ago [ ] 1-3 years ago [ ] More than 3 years ago

3. Which areas are affected?

[ ] Front hairline [ ] Top/crown [ ] Temples [ ] Whole scalp [ ] Other: _______________

4. Has anyone in your immediate family experienced hair loss? [ ] Yes [ ] No [ ] Not sure

If yes, please specify relationship: ____________________

5. Have you had any previous treatments for hair loss? [ ] Yes [ ] No

If yes, please list what you had, when, and results:

____

6. Do you currently use any products for your hair/scalp? [ ] Yes [ ] No

If yes, please list: ____

Section 3: Medical history

This helps us check if treatment is safe and suitable for you. Please tick Yes or No.

Question	Yes	No
Do you have any bleeding disorders or blood clotting problems?	[ ]	[ ]
Are you taking any blood-thinning medication such as warfarin, aspirin or clopidogrel?	[ ]	[ ]
Do you have diabetes?	[ ]	[ ]
Do you have a history of cancer or current cancer treatment?	[ ]	[ ]
Do you have any autoimmune conditions?	[ ]	[ ]
Do you have any infections, skin conditions or scars on your scalp?	[ ]	[ ]
Are you pregnant, breastfeeding or planning to become pregnant?	[ ]	[ ]
Do you have allergies to any medications or products?	[ ]	[ ]
Have you had any major surgery in the last 6 months?	[ ]	[ ]
Do you smoke or drink alcohol regularly?	[ ]	[ ]

Please list any other medical conditions or medications you are taking:

____

Section 4: Treatment explanation and understanding

Tick the one you are having, or all if combined.

- [ ] PRP - Blood is taken, spun to separate growth-factor-rich plasma, then injected into the scalp.
- [ ] PRF - Similar to PRP but prepared without additives, forming a natural gel that releases growth factors more slowly.
- [ ] Microneedling - Tiny needles create small channels in the scalp to boost natural healing and support product absorption.

Expected results

- Results vary from person to person.
- Most treatments need 3-4 sessions spaced 4-6 weeks apart to see clear improvement.
- Best results are usually seen 3-6 months after starting.
- Results are long-lasting but maintenance sessions may be needed.

Possible risks and side effects

- Mild redness, swelling or tenderness at the treatment area, usually lasting 1-3 days.
- Small bruises or tiny scabs that usually heal quickly.
- Very rarely, temporary irritation or infection.

Aftercare instructions

- Avoid washing hair for 24 hours after treatment.
- Avoid heat, steam, saunas or strenuous exercise for 48 hours.
- Do not apply hair products directly to treated areas for 24 hours.
- Keep scalp clean and moisturised as advised.

Section 5: Consultation outcome

Assessment by Practitioner:

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Recommendation: [ ] Suitable for treatment - proceed [ ] Further tests/information needed [ ] Not suitable - alternative options discussed

Type of treatment: ____________________

Number of sessions: _______

Time between sessions: _______ weeks

Cost per session: £_______

Total cost: £_______

Section 6: Client consent

I confirm that I have read and understood all the information above. I have had all my questions answered fully. I understand the nature of the treatment, what to expect, possible risks and results. I agree to proceed as discussed.

Client Signature: ______________________________ Date: ____________________

Practitioner Name: Dolores Bishop

Practitioner Signature: ________________________ Date: ____________________