



## DIRECTIONS

If you ordered the Regenix Jump Start Kit, please complete this questionnaire before starting the treatment. It will take approximately 3 weeks to receive your results from this analysis. You will receive a detailed letter explaining any problems that were identified along with microphotographs\* of your hair samples.

**\* The number of microphotographs depends on the number of usable hair samples received.**

**Step 1** - Fill out the questionnaire - please **PRINT** clearly.

**Step 2** -Take the Loose Hair Samples

When taking hair samples, do it right before you take a shower; that way, you haven't shampooed for a while and there will be some loose hairs ready to come out. Do not pluck out the hair with tweezers!

1. Locate an area on your scalp that corresponds with an area on the diagram.
2. Grasp a tuft of hair close to the scalp with your thumb and middle finger.
3. Gently squeeze the hairs while simultaneously pulling the hair upwards.
  - a. Ideally, a few loose hairs should be released from the scalp. In order to perform a more thorough analysis, 2 to 3 hairs should be removed from each of the designated areas and adhered to the diagram.
  - b. The bulb must be visible. It appears as a small white ball on the end of the hair that came from the scalp.
4. Using tape, affix your samples to the corresponding areas on the diagram. **DO NOT** place the tape over the bulb.
5. Send the form with your samples attached to the following address:

### **REGENIX**

4943 McConnell Ave  
Suite O  
Los Angeles CA 90066



# Questionnaire

NAME \_\_\_\_\_ DATE: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT REGENIX \_\_\_\_\_ EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE: RES ( ) \_\_\_\_\_ BUS. ( ) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_

## FOLLICULAR ANALYSIS QUESTIONNAIRE

HOW LONG DOES IT TAKE YOUR SCALP TO GET OILY AFTER YOU SHAMPOO? \_\_\_\_\_ HOURS  
 WHAT COLOR IS YOUR HAIR NATURALLY? \_\_\_\_\_  
 DO YOU FEEL YOUR SCALP IS LOOSE AND PLIANT \_\_\_\_\_ TIGHT AND CONSTRICTED \_\_\_\_\_  
 DO YOU EXPERIENCE: DANDRUFF \_\_\_\_\_ FLAKING \_\_\_\_\_ ITCHING \_\_\_\_\_ BREAKAGE \_\_\_\_\_  
 APPROXIMATE DATE HAIR LOSS WAS FIRST NOTICED \_\_\_\_\_  
 FAMILY HISTORY OF HAIR LOSS OR BALDNESS IF APPLICABLE:  
 MOTHER'S SIDE \_\_\_\_\_ FATHER'S SIDE \_\_\_\_\_

## HEALTH HISTORY / ENVIRONMENTAL FACTORS

DATE OF LAST COMPLETE PHYSICAL EXAMINATION \_\_\_\_\_  
 WERE ANY PROBLEMS DIAGNOSED? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, DESCRIBE \_\_\_\_\_

DO YOU EVER HAVE SKIN PROBLEMS? Circle  
 ACNE \_\_\_\_\_ RASHES \_\_\_\_\_ OILY \_\_\_\_\_ DRY \_\_\_\_\_ OTHERS: \_\_\_\_\_  
 ARE YOU TAKING ANY MEDICATION PRESENTLY YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE LIST \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS YOU HAVE TAKEN IN THE PAST \_\_\_\_\_

DO YOU SMOKE CIGARETTES YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW MANY PER DAY \_\_\_\_\_  
 DO YOU TAKE ANY VITAMIN, MINERAL, OR OTHER FOOD SUPPLEMENTS ON A REGULAR BASIS? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, PLEASE LIST WHAT THESE ARE AND HOW LONG YOU'VE TAKEN THEM: \_\_\_\_\_

## HYGIENE / COSMETIC FACTORS

HOW OFTEN DO YOU SHAMPOO? \_\_\_\_\_ (Times per week)  
 WHAT BRAND OF SHAMPOO DO YOU CURRENTLY USE \_\_\_\_\_  
 DO YOU USE A CONDITIONER? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHAT BRAND \_\_\_\_\_  
 DO YOU USE A HAIR DRYER? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW OFTEN \_\_\_\_\_  
 HAVE YOU EVER COLORED YOUR HAIR? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW OFTEN \_\_\_\_\_  
 HAVE YOU EVER PERMED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW OFTEN \_\_\_\_\_

HAVE YOU TRIED ANYTHING FOR YOUR PROBLEMS? YES \_\_\_\_\_ NO \_\_\_\_\_  
 PROPECIA/PROSCAR: Began Use: \_\_\_\_\_ Ended: \_\_\_\_\_ - Still Using - Any positive changes? YES \_\_\_\_\_ NO \_\_\_\_\_  
 TAR-BASED SHAMPOOS: Began Use: \_\_\_\_\_ Ended: \_\_\_\_\_ - Still Using - Any positive changes? YES \_\_\_\_\_ NO \_\_\_\_\_  
 MINOXIDIL/ROGAINE: Began Use: \_\_\_\_\_ Ended: \_\_\_\_\_ - Still Using - Any positive changes? YES \_\_\_\_\_ NO \_\_\_\_\_  
 HORMONES: Began Use: \_\_\_\_\_ Ended: \_\_\_\_\_ - Still Using - Any positive changes? YES \_\_\_\_\_ NO \_\_\_\_\_  
 OTHER: \_\_\_\_\_ Began Use: \_\_\_\_\_ Ended: \_\_\_\_\_ - Still Using - Any positive changes? YES \_\_\_\_\_ NO \_\_\_\_\_

THE INFORMATION I HAVE FILLED OUT IS CORRECT TO THE BEST OF MY ABILITY AND I UNDERSTAND THERE IS NO OBLIGATION.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_



HAIR SAMPLE CHART

