



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
Cedars–Sinai Medical Office Towers
8631 West Third Street
Suite 420E
Los Angeles, CA 90048

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 _____

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| 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

