

Trichology Consultation

iUHB250 – Provide a trichology service

Centre name:	
Centre number:	
Learner name:	
Learner number:	
Date:	

Personal details		
Client name:		
Date of birth:		
Address:		
Email address:		
Telephone number:	Day	
	Evening	
	Mobile	
Occupation:	Present	
	Previous	
GP details:		

Medical and lifestyle	
General health and health changes:	
Illness and procedures:	
Medication:	
Products:	
Nutritional factors:	

Presenting complaint			
Onset:		Aetiology:	
Appearance:			
Symptoms and sensations:			
Progression:			
Other phenomena:			

Hypothesis and predisposing factors

Actions	
Treatment:	
Advice:	
Referral:	
Follow up:	

Client signature: _____ Date: _____

Trichologist signature: _____ Date: _____

Notes: