

### Jeff Donovan MD PhD FRCPC

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FOLLOW UP VISIT NOTE	NANGE	
DATE:	NAME	
CURRENT DIAGNOSIS/DIAGNOSES:	DATE OF	BIRTH
1		
2		
3		PAST MEDICAL HX
4		
CURRENT MEDICATIONS & TREATMENTS:		
1		
2		
3		
4		
5		
6		
7	Г	
8		PAST TREATMENTS
9		
ANY NEW MEDICATIONS? YES NO		
ANY CHANGE IN HEALTH? YES NO		

## **PROGRESS TO DATE:**

#### A. PHOTO SET

Frontal hairline	improved	same	worse
Mid scalp	improved	same	worse
Crown	improved	same	worse
Sideburns	improved	same	worse
Occipital scalp	improved	same	worse

- A. SHAMPOO FREQUENCY \_\_\_\_\_ per day/week/month
- **B. SHEDDING**

improved same worse

**C. SCALP SYMPTOMS** 

DATE	ITCHING	BURNING	TENDERNESS

D. SCALP REDNESS

PHOTOS improved same worse SUBJECTIVE improved same worse

#### E. NEW LABS SINCE LAST VISIT

LAB TEST	DATE 1	DATE 2	DATE 3

# **RED FLAGS**

Is there any worsening of eyebrow hair loss?	Yes	No - same	No - better
Is there any worsening of eyelash hair loss?	Yes	No - same	No - better
Is there any worsening of body hair loss?	Yes	No - same	No - better
Is there any worsening of shedding?	Yes	No - same	No - better
Is there any worsening of scalp symptoms?	Yes	No - same	No - better

Do current photos suggest the original diagnosis may be	Yes	No
wrong?		
Do current photos suggest possibility of new diagnosis?	Yes	No
Are there any aspects of the patient's story which do not fit the currently presumed diagnoses?	Yes	No
Are there any aspect of the patient's progress that were expected to be improved by now (symptoms or shedding) but is not?	Yes	No

FURTHER TESTS REQUIRED AT THIS TIME:
□ None required □ Hair collection (5 day) □ Biopsy □ Blood tests for □
NEW RECOMMENDATIONS:


NEXT VISIT: IN PERSON TELEMEDICINE/PHONE



