ÖZEL MECİDİYEKÖY ÇEVRE HASTANESİ	**SAÇ EKİM ÜNİTESİ İNGİLİZCE GÖRÜŞME FORMU**	Dokuman No:	SAÇ.FR.01-01
		Yayın Tarihi:	07.07.2012
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		Rev.Tarihi.	
		Sayfa No:	1/1

HAIR TRANSPLANT UNIT INTERVIEW

Date: ____/____/____

Name Lastname : _____

Age : _____

Gender : _____

Occupation : _____

Address : _____

_____

Phone : _____

E-mail : _____@_____

Contacting From : _____

BACKGROUND

Cigarette : _____

Alcohol : _____

Medicine usage : _____

Medicide-anesthesia allergy : _____

Operation : _____

Sickness : _____

Scar of the head : _____

Personal and family : _____

_____

Hair loosing in family : _____

EXAMINATION OF THE HAIR

How long have the hair loosing? _____

What is the reason of hair loosing? _____

Any treatment before? _____

The recommended treatment? _____