



LABORATORY CONSULTANTS, INC.

P. O. Box 66001, Houston, Texas 77266-9980
4311 South Dr., Houston, Texas 77053-4820

FOR OFFICE USE ONLY
Please do not write in this space.

Treatment Start Date: ___/___/___

Last Progress Report: ___/___/___

Case History #: _____ Date: ___/___/___

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please fill out and mail in this progress report as soon as possible so our consultants can analyze your progress and fine-tune your treatment for the best results in the shortest time.

CONFIDENTIAL PROGRESS REPORT

Please check any current medical conditions you may have. If you have had a medical condition in the past, but it is under control now, leave the box unchecked.

- High Blood Pressure, Diabetes, Cancer, Chemotherapy, Hypertension, Depression, Nervous Disorder, Chronic Stress, Insomnia, Severe Illness, Excema, Dandruff/Dry Flaky Scalp, Severe Injury, Surgery

Before starting treatment, how did your daily hairfall seem?
Very Heavy, Heavy, Moderate, Normal

How often are you performing your full treatment program with all of the steps recommended for you?
Every Day Without Fail, Almost Every Day, 2-3 Times Per Week, Less Than Twice Per Week

Approximately how many hairs do you loose during your treatment each day? _____

Do you notice hair fall at other times during the day, for example, when you comb or brush your hair? Yes No

Does your forehead become oily or greasy during the day? Yes No If yes, how soon after washing? _____hrs.

Do you perspire on your scalp or forehead? Heavy Slight Not At All

Do you wear a hat or cap? Yes No If yes, how long each day? _____hrs.

Did you have dandruff before beginning treatment? Yes No
If yes, describe below. For example, was it oily, gummy, or dry?

If your dandruff has improved, please describe the improvement.

Did you have scalp irritations like pimples or sore patches before beginning treatment? Yes No

If yes, did these irritations improve after beginning treatment? Yes No

Did your scalp itch before beginning treatment? Yes No

If yes, did the itching improve after beginning treatment? Yes No

Has the general condition of your scalp improved? Yes No

Has the general condition of your hair improved? Yes No

Have you noticed evidence of new hair growth? This usually takes 3-6 months to appear. Yes No

Is your hair growing faster? Yes No

Is your hair getting thicker? Hair shafts often begin to thicken after 6-10 months of treatment. Yes No

Please check off which products you are using consistently as directed. If you are using a product, but infrequently or inconsistently, please leave it unchecked.

- Deacidizing Scalp Cond., Scalp Cleanser, Special Shampoo, Formula L-55-A, Antiseptic Dressing, Pro. Scalp Conditioner, Pro. Restore & Thicken Shampoo, Pro. Scalp Defense, Scalp Activator, Extra-Strength Scalp Activator, Mega Hair Tablets, Coenzyme Q10 Tablets, Melatonin Tablets, Oxy-Pro Antioxidant Tablets, Saw Palmetto Extract, Maxx Enhancement Lotion, Klear-Plex Antiseptic Face & Body Wash, Klear-Plex Astringent (any), Minoxidil 2% 5%

Please use the back of this sheet for comments, inquiries or problems. Our consultants will review this information and contact you with answers.