

UCSF Hair Clinic Referral Checklist – Jennifer Fu MD, Ingrid Roseborough MD, Adrianna Browne, MD

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Patient Name: _____ DOB: _____

Patient Address: _____ Ph: _____

Referring Provider Name: _____

Referring Provider Address: _____ Ph: _____

_____ Fax: _____

DIAGNOSES/Differential Diagnosis (CIRCLE ALL that apply):

- Inflammatory Hair Loss:
 - Scarring or cicatricial alopecia (eg. lichen planopilaris, frontal fibrosing alopecia, central centrifugal alopecia, pseudopelade, fibrosing alopecia in a patterned distribution, tufted folliculitis, folliculitis decalvans, dissecting cellulitis)
 - Alopecia areata
- Non-Inflammatory Hair Loss:
 - Androgenetic alopecia, female or male patterned thinning
 - Telogen effluvium
 - Traction alopecia
- Other Diagnosis: _____

PRIOR BIOPSY: Yes/No If Yes, include path report in referral.

PRIOR LABS: Yes/No If Yes, include lab results in referral.

PLEASE FAX the following to 415-353-9654:

- Completed UCSF Hair Clinic Referral Checklist (THIS FORM)**
- Patient Insurance & Demographic Information**
- Relevant Chart Notes**
- Pathology Report** (If non-UCSF pathology, please also submit 1) UCSF Dermopath Requisition Form, and 2) Patient Release of Medical Records Form to facilitate UCSF slide consultation)
- Lab Results**

To best serve your patients, hair loss that is inflammatory (scarring or cicatricial alopecia, alopecia areata) will be prioritized. Complex cases may be co-managed with your office. When appropriate, lower complexity or stable cases may be referred back to your office for ongoing care once our team has confirmed their diagnosis and reviewed management strategies.