

Consultation, Evaluation, Goals and Expectations, Follow-Up
Hair Loss/Wig Fitting

Customer Name: _____ Phone: _____ Date: _____

Existing Customer ___ New Customer ___ In Person ___ Phone Call ___

Plan of care Action: Measurement Fitting Delivery Reorder

Diagnosis/RX/Physician Goals: _____

Special Needs or Concerns: _____

Type of Cancer/Reason for Hair Loss _____

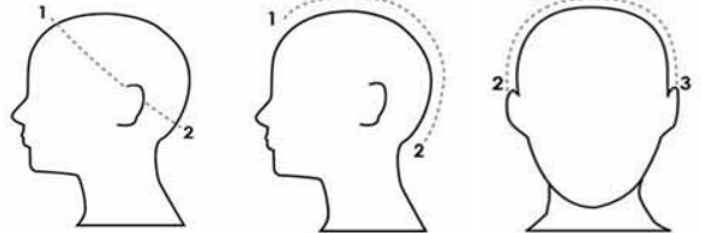
Chemotherapy: Y N Start Date: _____ Radiation: Y N Start Date: _____

Area of Concern: _____ Head Measurements:

Petite Average Large

Around Head _____ Front to Back _____ Ear to Ear _____

Wig Cap Sizing Chart			
Size	Around Head	Front to Back	Ear to Ear
Child	19 inches	12 inches	12 inches
Petite	21 inches	13 ¼ inches	13 inches
Petite/Average	21 ½ inches	13 ¾ inches	13 ½ inches
Average	22 ½ inches	14 ¼ inches	13 ½ inches
Average/Large	22 ¾ inches	14 ¾ inches	13 ¾ inches
Large	23 inches	15 ½ inches	14 inches



Goals Met Based on Customer Needs: (Please check all that apply)

- Restore dignity Enhance Self-esteem Promote Healing Address cosmetic issues
 Promote more active, healthy lifestyle Price Range Cut/Style

Expectations Met and Provided to Customer: (Please check all that apply)

- Verbal & Written Education Product Demonstration Warranty and Return Policy Product Use and Care

List any additional Customer/Fitter/Physician expectations: _____

Outcome Measurement:

Cap Alterations: _____

Will return on: _____ or in _____ days/weeks/months for Fitting Products Follow Up

Additional Needs Based on Follow-Up: _____

Products ordered for customer:

Vendor: _____ **Style#:** _____ **Name:** _____ **Color:** _____

Vendor: _____ **Style#:** _____ **Name:** _____ **Color:** _____

Products taken by customer: _____

WHB Fitter _____