

Name Email Phone Category

tester tester123@yopmail.com 5896321456 Beard

Question		Answer Details	
Identify your birth gender		male	
Have you used minoxidil in the past 12 months		no	
Do you have a known allergy to minoxidil		no	
Have you been diagnosed with high or low blood pressure		no	
DO YOU SMOKE		no	
Have you had any of the following		yes	dfg
Would you like to inform your gp about this consultation		no	

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