

| Name | Email              | Phone      | Category |
|------|--------------------|------------|----------|
| dev  | dev123@yopmail.com | 6393027818 | Beard    |

| Question   | Answer | Details |
|--|--------|---------|
| Please indicate your age group   | over65 |         |
| Have you observed any sudden changes in your beard growth                              | no     |         |
| Have you used minoxidil in the past 12 months  | no     |         |
| Do you have a known allergy to minoxidil   | no     |         |
| Do you have sensitive or damaged skin, or a diagnosed skin condition in the beard area | no     |         |
| Have you been diagnosed with high or low blood pressure                                | no     |         |
| DO YOU SMOKE   | no     |         |
| Have you had any of the following  | No     |         |
| Would you like to inform your gp about this consultation                               | no     |         |