

WIG LIBRARY REGISTRATION FORM

If you'd like to visit the library for a fitting, please make an appointment by:

Phoning: [02 9105 5090](tel:0291055090)

Online contact: [Click here](#)

Find out more: [Click here](#)

Before your appointment, please complete this form and email to:

nbhoncologyandinfusioncentre@healthscope.com.au

Appointment Date		
Are you rescheduling this appointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

First Name				Surname:		
Email:						
Street Address						
Suburb						
State				Postcode		
Home Phone				Mobile Phone		
Date of Birth						
Have you experienced any hair loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Yet	<input type="checkbox"/> Not applicable		
Typical Hair Colour	<input type="checkbox"/> Light Blonde	<input type="checkbox"/> Dark Blonde	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Dark Brown		
	<input type="checkbox"/> Auburn	<input type="checkbox"/> Red	<input type="checkbox"/> Black	<input type="checkbox"/> Grey		
	<input type="checkbox"/> White	<input type="checkbox"/> Other: please describe:				
Length You Normally Wear Your Hair	<input type="checkbox"/> Very Short	<input type="checkbox"/> Short/Neck Length	<input type="checkbox"/> Medium/Shoulder Length			
	<input type="checkbox"/> Long	<input type="checkbox"/> Other: please describe				
Type of Hair	<input type="checkbox"/> Straight	<input type="checkbox"/> Curly	<input type="checkbox"/> Wavy			
	<input type="checkbox"/> Other: please describe					
Name of support person (if any) (NB: support person is there to observe only)						
Have you filled this form on behalf of someone else	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If Yes, Full Name						
Contact Number:						
How did you hear about the NBH Wig Library	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Social Media	<input type="checkbox"/> Referrer by health professional			
	<input type="checkbox"/> Other: please name					