Norwood Scale Assessment

Patient's name: _____ Date of assessment: _____ dd / mm / yyyy

Age: _____ Age hair loss began: _____

Family history: _____ Assessed by: _____

WHAT THE SCALE DOES

The Hamilton-Norwood scale classifies male pattern hair loss into seven stages, following two patterns: recession at the temples and thinning at the vertex. It is the standard way to record a baseline and to measure change over time.

Photograph at every visit

A stage alone is a coarse measure. Take the same four views each time - frontal, vertex, left and right profile - in the same light, with hair dry and styled the same way. The photographs are what show change; the stage summarises it.

STAGES

Stage / Description

I — No recession, or minimal recession along the frontal hairline.

II — Triangular, usually symmetrical recession at the temples. The frontal hairline sits no more than about 1.5 cm in front of a line drawn between the ears.

III — The earliest stage classed as baldness. Deep, usually symmetrical temporal recession, bare or only sparsely covered.

III vertex — Hair loss is mainly at the vertex. Frontal recession is present but does not exceed stage III.

IV — Frontal recession more severe than stage III, with sparse hair or none at the vertex. A band of moderately dense hair crosses the top, separating the two areas and joining the fringe at the sides.

V — The vertex and frontal areas are larger, and the band between them is narrower and sparser.

VI — The bridge of hair across the crown has gone. The frontal and vertex areas have joined, and the bald area is wider.

VII — The most advanced stage. Only a narrow horseshoe of hair remains at the sides and back.

Type A variants

In type A patterns the hairline moves straight back without leaving an island of hair in the midfrontal area, and there is no separate bald patch at the vertex. Record these as IIa through Va.

Stage recorded today

- ◯ I
- ◯ II
- ◯ III
- ◯ III vertex
- ◯ IV
- ◯ V
- ◯ VI
- ◯ VII

Pattern

◯ Regular ◯ Type A variant

ASSESSMENT RECORD

Findings

Findings

- [ ] Miniaturisation on dermoscopy
- [ ] Positive hair pull test
- [ ] Scalp inflammation or scaling
- [ ] Scarring
- [ ] Diffuse thinning rather than patterned
- [ ] Female pattern distribution
- [ ] Eyebrow or body hair involvement

Ferritin — Requested: _____ **Ferritin — Result:** _____

TSH and free T4 — Requested: _____ **TSH and free T4 — Result:** _____

Vitamin D — Requested: _____ **Vitamin D — Result:** _____

Full blood count — Requested: _____ **Full blood count — Result:** _____

Testosterone / DHEAS if indicated — Requested:

Testosterone / DHEAS if indicated — Result:

When the pattern does not fit

Sudden, diffuse or patchy loss, scarring, scalp symptoms, or loss in a non-androgenetic distribution all point away from male pattern hair loss. Refer to dermatology rather than staging it.

PLAN AND REVIEW

Discussed

Discussed

- [ ] Topical minoxidil
- [ ] Oral finasteride or dutasteride and their risks
- [ ] Low-level laser therapy
- [ ] Platelet-rich plasma
- [ ] Hair transplant referral
- [ ] Realistic timescale - 6 to 12 months before change is visible
- [ ] Treatment must continue to maintain the result

Agreed plan, consent discussion and review interval

Photographs taken: _____ **Next review date:** _____ dd / mm / yyyy

Stage at previous review: _____ **Clinician:** _____

Sources: Norwood OT. Male pattern baldness: classification and incidence. South Med J. 1975;68(11):1359–1365. · Hamilton JB. Patterned loss of hair in man: types and incidence. Ann N Y Acad Sci. 1951;53(3):708–728. · General-purpose record sheet.