

FREE HEALTH GUIDE 02

Hair shedding? Let's look beyond the supplements.

Your hair deserves an assessment, not just another bottle of gummies.

Blood tests may uncover a contributing problem, but they do not diagnose every cause of hair loss. Your scalp, the pattern of loss and your history matter just as much.

Tell your GP when shedding began, whether it is patchy or all over, and about childbirth, illness, surgery, stress, weight changes, medicines and tight hairstyles. Telogen effluvium can begin around three months after a trigger.

Blood tests to discuss

Tests are chosen for your symptoms and history. This is a discussion guide, not a request for every test.

Test	Why it may help
FBC and ferritin	Consider for unexplained diffuse shedding, particularly with heavy periods or fatigue. These look for anaemia and low iron stores.
Thyroid tests (TSH, with FT4 if needed)	May help check whether a thyroid problem is contributing.
B12, folate, vitamin D or zinc	Selected according to symptoms, diet, deficiency risk and examination. A large vitamin panel is not automatically necessary.
Androgen tests, when relevant	If there is excess facial/body hair, irregular periods or other signs of androgen excess, your clinician may consider testosterone and SHBG, with further tests if needed.
Other targeted tests	Kidney/liver tests or investigations for other conditions depend on the clinical picture.

Keep this guide for your next GP appointment. Ask for a copy of your results and a clear follow-up plan.

Your next steps

Let someone examine your scalp

Parting changes, patches, scaling, broken hairs or inflammation help distinguish shedding from other types of alopecia.

Avoid treating a number in isolation

Correct proven deficiencies with a plan. There is no universally established ferritin number that guarantees hair regrowth.

Review what changed

Take a timeline, photos of the change and a list of medicines and supplements to your appointment. Do not stop prescribed medicines without advice.

Be gentle while you investigate

Reduce tension from hairstyles and limit harsh chemical treatments or heat. Recovery from temporary shedding can take months.

Ask about referral

Persistent loss, diagnostic uncertainty or suspected scarring may need dermatology assessment.

Normal blood tests do not mean your hair loss is imaginary. They may mean the next step is a closer look at the scalp or another explanation.

Questions for your appointment

1. What type of hair loss does this look like?
2. Which blood tests fit my symptoms?
3. Is there evidence of scarring or inflammation?
4. What is our treatment or referral plan?

When to get help

Arrange prompt assessment for scalp pain, inflammation, pustules, shiny/scarred areas or rapidly worsening loss. Scarring alopecia needs early specialist care.

Sources and further reading

British Association of Dermatologists: telogen effluvium

Primary Care Dermatology Society: alopecia overview

NHS: B12 and folate diagnosis

Adapted from Doctor Barbara's educational content with source-based updates. General information for adults, not personalised advice. Pregnancy and children's care need tailored advice. This guide cannot diagnose you or replace your healthcare professional.