

DEEPER THAN SYMPTOMS

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HORMONE HEALTH

# Female Hair Loss Root Cause Checklist

*Track your symptoms, timeline, and lab gaps — so your first appointment actually finds the cause.*

## Inside this checklist

A six-cause pattern finder, the exact lab workup to request (with the ferritin trap explained), and a symptom-and-timeline tracker to complete before your visit.

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A free resource from

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[deeperthansymptoms.com](https://deeperthansymptoms.com)

## First: Normal Shedding vs. Real Hair Loss

Shedding 50 to 100 hairs a day is within normal range, per the American Academy of Dermatology. Consistently shedding noticeably more than that — or noticing a widening part, a thinner ponytail, or distinct patches — is worth investigating. But the real question isn't how many hairs you're losing. It's *whether they're growing back*.

### The reassuring part

Almost every common cause of female hair loss is treatable once you identify it. And most women have more than one cause stacked at once — so it's best treated as a systems problem, not a single-bullet fix.

## The 6 Common Causes — Which Pattern Fits You?

- **Hormonal** — menopause, perimenopause, PCOS, thyroid dysfunction, or postpartum shifts
- **Nutritional** — especially low iron (ferritin) and vitamin D, even when labs read “normal”
- **Stress-triggered (telogen effluvium)** — diffuse shedding 2–3 months *after* a trigger
- **Genetic** — female-pattern hair loss (androgenetic alopecia); a widening part is a classic sign
- **Autoimmune or traction** — patchy loss, or tension from tight hairstyles
- **Medications** — some for blood pressure, mood, thyroid, or hormones list shedding as a side effect

## The Lab Workup to Request

*You don't need to self-diagnose — that's what a board-certified dermatologist or trichologist is for. But you can walk in prepared. Ask your doctor to look at:*

- **A full thyroid panel** — not just TSH; ask about T3 and T4 too
- **Ferritin specifically**, not just hemoglobin — and ask about *optimal* ranges, not just “normal”
- **Vitamin D levels**
- **Androgen markers** (free and total testosterone, DHEA-S) — especially with irregular cycles or signs of androgen excess
- **A scalp exam** to distinguish diffuse thinning, patchy loss, or scarring patterns

### The ferritin trap

Your ferritin can sit inside the “normal” range and still be far too low to support healthy hair growth. Ferritin of 14 is technically “in range” — but hair-focused clinicians typically look for considerably higher stores. Normal and optimal are not the same number.

## Build Your Timeline Before You Go

Before your appointment, jot down: when you first noticed the shedding, any major life events in the prior three to four months (a baby, a surgery, a hard stretch, a crash diet), your family history, and any new medications or supplements. That context often points a good clinician to the cause faster than any single lab value.

- When did you first notice the shedding or thinning?
- What happened 2–4 months before it started? (illness, birth, stress, diet change)
- Is the pattern diffuse, a widening part, or distinct patches?
- Family history of thinning on either side?
- Any new prescriptions or supplements in the last year?

*If cost or coverage is a concern, community health centers and dermatology residency clinics often offer hair loss evaluations at reduced cost.*

### Your next step

The goal was never just to cover it up — it’s to understand it. Bring this to a dermatologist or trichologist, and read the full guide at [deeperthansymptoms.com](https://deeperthansymptoms.com).