

Skin Type Questionnaire

Your Name	Date		
To determine your skin type, please check th	ne one type that best describes your reaction to s	un exposure.	
Skin Type 1 Skin which always burns an	Skin Type	Fitzpatrick	
Skin Type 2 Skin which always burns ear	sily and tans minimally (white skin)	Score	Skin Type
Skin Type 3 Skin which burns moderate	ly and tans uniformly (light brown skin)	0 – 7	1
Skin Type 4 Skin which burns minimally	8 – 16	II	
Skin Type 5 Skin which rarely burns and	17 – 25	III	
Skin Type 6 Skin which never burns (deeply pigmented dark brown to black skin)		25 – 30	IV
Skin Type 6 Skin which never burns (dec	eply pigmented dark brown to black skin)	Over 30	V - VI
Do you use any products containing glycolic Have you ever had a laser treatment before What method of hair removal do you curren	? ☐ Yes ☐ No		
Laser therapy is not recommended if any o health condition. Please advise the physicia	f the below conditions exist. Please check any bn of any medications you are taking.	ox that describe	es your current
Pregancy	☐ Photosensitivity disorders		
Active herpes or shingles	Seizure disorders triggered by light		
Please circle the choices that best describe y	ou and your skin		

Score	0	1	2	3	4	Score
What is the color of your eyes?	Light Blue, Grey or Green	Blue, Grey or Green	Blue	Dark Brown	Brownish Black	
What is the natural color of your hair?	Sandy/Red	Blonde	Chestnut/ Dark Blonde	Dark Brown	Black	
What is the color of your skin (non- exposed areas)?	Reddish	Very Pale	Pale with/ Beige Tint	Light Brown	Dark Brown	
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None	
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns	
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown quickly	
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	
When did you last expose your body to sun/solarium/tanning cream?	More than 3 months ago	2 – 3 months ago	1 – 2 months ago	Less than a month ago	Less than 2 weeks ago	
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	