

SKIN TYPING

Client Name _____ Date _____

Please take a few minutes to fill out this questionnaire so that we can better evaluate your skin type for the most effective laser treatment.

Mother's Ethnic Heritage? _____

Father's Ethnic Heritage? _____

Please Check the Appropriate Box

1.) Your Eye Color

- Light Blue
- Green
- Blue (medium to dark)
- Brown or Hazel
- Brownish Black

2.) Your Natural Hair Color

- Red
- Blonde
- Dark Blonde/Chestnut
- Brown
- Black

3.) Color of Your Non Exposed Skin

- Reddish
- Very Pale
- Pale with Beige Tint
- Light Brown
- Dark Brown

4.) Do You Have Freckles on Unexposed Areas?

- Many
- Several
- few
- Incidental
- None

5.) What Happens When You Stay Too Long In the Sun?

- Painful Redness Blistering
- Moderate Burn Sometimes Blister
- Mildly Burn, Then Peel
- Rarely Burn
- Never Burn

6.) To What Degree Do You Turn Brown?

- Not At All
- Hardly To Light Tan
- Medium Tan
- Tan Very Easily
- Turn Dark Brown Quickly

7.) Do You Turn Brown within Several Hours Of Sun Exposure?

- Never
- Seldom
- Sometimes
- Often
- Always

8.) How Does Your Face React To The Sun?

- Very Sensitive
- Sensitive
- Normal
- Very Resistant
- No Reaction

9.) When Did You Last Expose Your Skin To Sun or an Artificial Tanning Source?

- More than three Months ago
- 2-3 months ago
- 1-2 months ago
- Less than one month ago
- Less than two weeks ago

10.) Do You Expose The Areas To Be Treated To The Sun?

- Never
- Hardly Ever
- Sometimes
- Often
- Always

OFFICE USE:

Total Score: _____
0-7 I
8-16 II
17-25 III
25-30 IV
30+ V-VI

SKIN TYPE _____

OFFICE USE:

I-II Caucasian red hair, freckles, fair skin, blue eyes
III Darker Caucasian, Light Asian
IV Mediterranean, Asian, Latin
V Middle Eastern, Latin, Asian, Light skinned Black, American Indian
VI Dark skinned Black

