

## SKIN TYPING FORM

Patients Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Date: \_\_\_\_\_

Score	0	1	2	3	4
What is the color of your eyes?	Light blue, Gray Green	Blue, Gray	Green	Brown	Brownish Black
What is the natural color of your hair	Sandy Red	Blond	Chestnut/ Dark Blond	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

Score

### Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay too long in the sun?	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 easy	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

### Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	Never	Hardly ever	Sometimes	Often	Always
Did you expose the area to be treated to the sun (or artificial sunlamp/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 *

**Total score:**

Patients Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Skin Type Score</b>	<b>Fitzpatrick Skin Type</b>	<b>Typical Ethnic background</b>
0-7	I	Irish, English, Scottish
8-16	II	Irish, English, Scottish
17-25	III	Dark Caucasian, light Asian
25-30	IV	Hispanic, Asian, Native American, Mediterranean, Light Middle Eastern,
30-35	V	Latin, Islander, Dark Middle Eastern, Light African American,
Over 35	VI	Dark African American

**Fitzpatrick Skin Type:** \_\_\_\_\_ **Clinical Skin Type:** \_\_\_\_\_

**Treatment Skin Type should be the highest skin type calculated for the patient by either Fitzpatrick or Clinical observation.**

**Treatment Skin Type:**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

Consultant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider: \_\_\_\_\_ Signature: \_\_\_\_\_