

SKIN TYPE WORKSHEET

Patient Name: _____

Date: _____

Points		0	1	2	3	4
	What is the color of your Eyes ?	Light blue, gray or green	Blue, gray 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 (unexposed areas)?	Reddish	Very Pale	Pale with beige tint	Light brown	Dark brown
	Do you have Freckles on sun-exposed 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	Rarely burns	Never had burns
	To what degree do you tan?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown quickly
	Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Vey sensitive	Sensitive	Normal	Very resistant	Never had a problem
	When did you last expose yourself to the sun, tanning bed or self-tanning creams?	More than 3 months ago	2 - 3 months ago	1 - 2 months ago	Less than 1 month ago	Less than 2 weeks ago
	Do you expose to the sun the area that we are going to treat?	Never	Hardly ever	Sometimes	Often	Always
	Total Points (circle one)	0 - 7	8 - 16	17 - 25	25 - 30	Over 30
	Skin Type	I	II	III	IV	V- VI