



Patient Name: _____

Date: _____

Skin Score		0	1	2	3	4
	What is your eye color?	Light Blue or Gray	Blue or Green	Hazel or Light Brown	Dark Brown	Brownish Black
	What is your natural hair color?	Red, Sandy Red	Blonde	Dark Blonde, Chestnut, Brown	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 exposed areas?	Many	Several	Few	Incidental	None
	What happens when you stay in the sun too long?	Painful, Redness, Blistering and Peeling	Blistering Followed by Peeling	Burns Sometimes Followed by Peeling	Rarely Burn	Never Burn
	To what degree do you turn brown?	Hardly or not at all	Light Tan	Reasonable Tan	Tan Very Easily	Turn Dark Brown Quickly
	How does your face respond to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never has Problems in the Sun
	When did you last expose yourself to the sun, tanning beds 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
	How often is the area that you want to have treated exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always

_____ Skin Score (Total Number)

Skin Typing Worksheet

Skin Score	Skin Type
0-7	I
8-16	II
17-25	III
26-30	IV
Over 30	V-VI