

Skin Type Form

Patient Name:		Date:				
Circle applicable at	ttributes in columns	0 through 4 for each	row.			
Scoring	0	1	2	3	4	
Eye Color	Light blue/Gray/Green	Blue/Gray/Green	Blue/Hazel	Brown/Dark brown	Brown/Blac	
Natural Hair Color	Sandy red	Blonde	Chestnut, Dark blonde	Dark brown	Black	
Skin Color (Non-Exposed)	Reddish	Very pale	Pale w/beige tint	Light brown	Dark brown	
Freckles in unexposed areas	Many	Several	Few	Incidental	None	
Skin reaction if in the sun	Painful blistering, redness, peeling	Burn then peel	Burn, sometimes peel	Rarely burn	Never burn	
To what degree do you turn brown	Never	Light color	Reasonable tan	Tans easily	Turns dark brown	
Do you turn brown within several hours of sun exposure	Hardly	Seldom	Sometimes	Often	Always	
How does your face react to the sun	Very sensitive	Sensitive	Normal	Resistant	Never a problem	
When were you last exposed to a sun tanning bed	>3 months	2-3 months	1-2 months	<1 month	<1 week ago	
How often is area to be treated exposed to sun	Never	Hardly	Sometimes	Often	Always	
		I 0-7				
		II 8-16 III 17-2				
		IV 25-30				
		V-VI Over 3				
Гotal sum of all qu	otal sum of all questions		Skin Type			

Signature_____ Date_