

**Skin Type – Patient Questionnaire**

Patient Name: \_\_\_\_\_

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

Please circle the answer to each question to help us determine your skin type:

Score	0	1	2	3	4
What is the colour of your eyes?	Light blue, gray, green	Blue, gray or green	Blue	Dark brown	Brown-black
What is the natural colour of your hair?	Sandy Red	Blond	Chestnut brown, dark blond	Dark brown	Black
What is the colour of your skin in non-exposed areas?	Reddish	Very Pale	Pale with beige tint	Light brown	Dark brown
Do you have freckles in the non-exposed areas?	Many	Several	Few	Incidental	None
What happens when you stay in the sun too long?	Painful, blistering, redness, peel	Burns followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had a burn
To what degree do you turn brown?	Hardly at all	Light colour tan	Reasonable tan	Tan very easily	Turn dark brown
Do you turn brown within several hours after sun exposure?	Hardly or not at all	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
When did you last expose your body to the sun or a sun bed?	More than 3 months ago	2 – 3 month ago	1 – 2 months ago	Less than one month	Less than 2 weeks ago
Did you expose the area you want treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Ethnic background along with the above factors can affect the melanosomes in your skin, and hence affect our treatment parameters. What is your ethnic background/nationality? \_\_\_\_\_

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

Total score of all questions: \_\_\_\_\_ Fitzpatrick Type: \_\_\_\_\_ Patient Signature: \_\_\_\_\_