

SKIN TYPING WORKSHEET

Patient Name: _____ Date: _____

Skin Score		0	1	2	3	4
	What is your eye color?	Light Blue or Grey	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	1-2 months	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
TOTAL	Score	Skin Type				
	0-7	I				
	8-16	II				
	17-25	III				
	26-30	IV				
	Over 30	V - VI				