

FITZPATRICK SKIN TYPE SCALE

SKIN TYPE	WORKING CLASSIFICATION	COLOR	TENTATIVE GROUPING BASED ON ETHNICITY AND SKIN COMPLEXION*
I	Always burns easily; never tans; extremely sensitive to sun.	White	Primarily red headed individuals and blondes with light complexion.
II	Always burns easily; tans minimally, very sensitive to the sun.	White	The largest percentage of Caucasian individuals fall into these categories.
III	Sometimes burns; tans gradually to light brown, sun sensitive skin.	White/Asian	
IV	Burns minimally; always tans to moderate brown; minimally sun sensitive.	Moderate brown	Individuals of Asian, American Indian, Mediterranean and Latin American descent.
V	Very rarely burns; tans well; sun insensitive skin.	Dark brown	Light complexion African-American individuals, and those of East Indian descent.
VI	Never burns; deep pigmented; sun insensitive skin.	Black	Dark-skinned individuals.

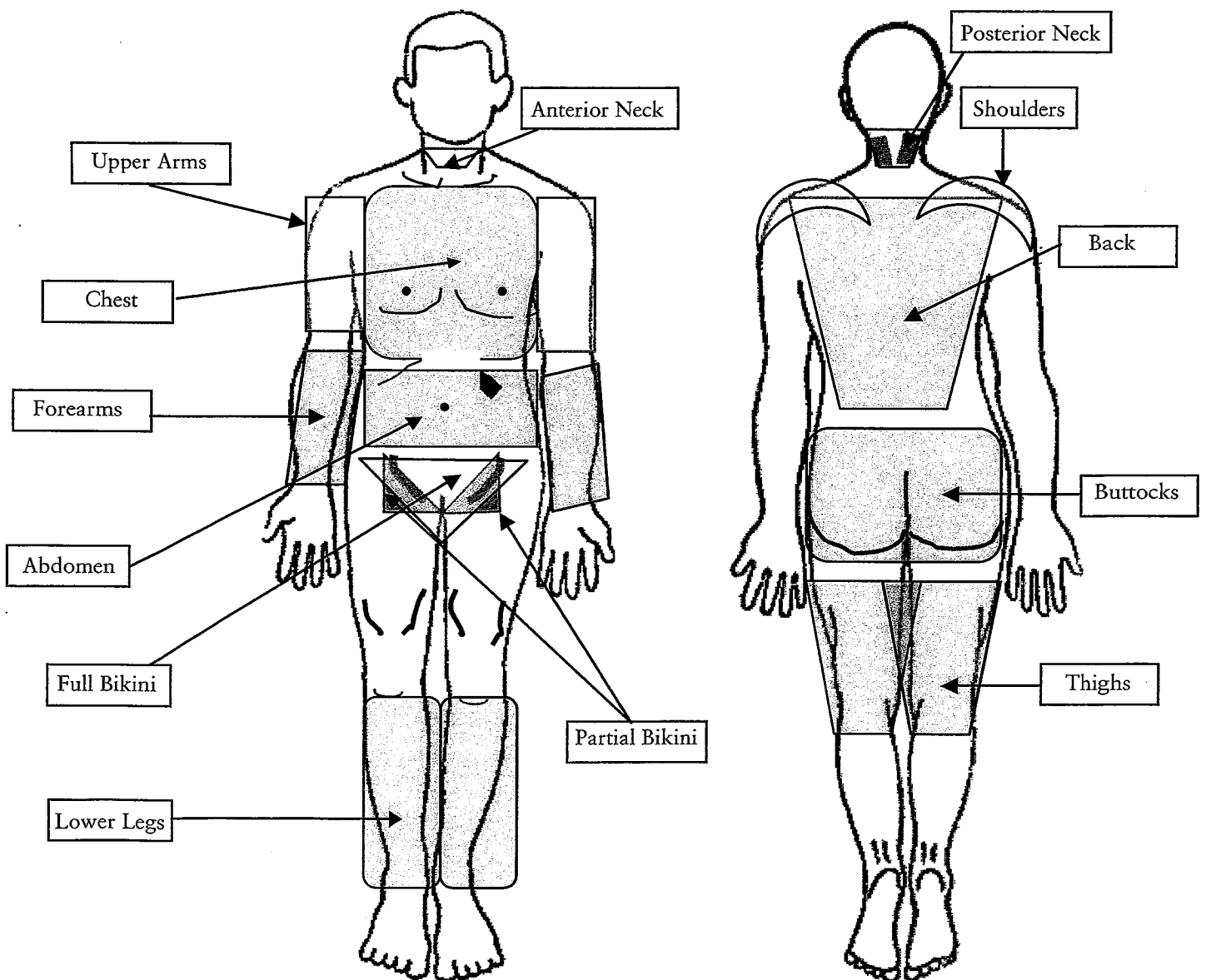
* From Naylor, M.F. & Farmer K.C. *Guidelines for Minimizing UV Exposure*. In: *The Electronic Textbook of Dermatology*. Drugge, R. and Dunn, HA. (eds) The Internet Dermatology Society, 2000

SKIN TYPING WORKSHEET

Client Name: _____		Date: _____				
Score: _____		0	1	2	3	4
	What is your eye color?	Light blue or gray	Blue or green	Hazel, Light brown	Dark brown	Brownish black
	What is the natural color of your hair?	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 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 turn brown?	Hardly any or not at all	Light 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?	Very 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
	How often is the area you want to have treated exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always
Add above column for Total Score:	Match your total score with the corresponding skin type.	Fitzpatrick Skin Type				
	0-7 8-16 17-25 26-30 Over 30	I II III IV V-VI				

ANATOMICAL TREATMENT AREAS

Please review this chart with your provider to determine which areas you will have treated with pulsed light.



LASER/ INTENSE PULSE LIGHT HEALTH QUESTIONNAIRE:

1. Do you have any current or chronic medical illnesses we should know about? YES ____ NO ____

Please List: _____

2. Are you currently under a doctor's care? If so, for what Reason? YES ____ NO ____

Please Explain: _____

3. Do you take/use ANY medications, herbal or natural supplements or topicals on a regular or daily basis?

YES ____ NO ____

Please List: _____

4. Do you have ANY allergies to medications, foods, latex, adhesive tape or other substances?

YES ____ NO ____

Please List: _____

5. (For Women) are you or could you be pregnant?

YES ____ NO ____

6. (For Women) are your menstrual periods regular?

YES _____ NO _____

7. Do you have a history of herpes I or II in the area to be treated?

YES _____ NO _____

8. Do you have a history of Keloid scarring?

YES _____ NO _____

9. Have you taken ACCUTANE or anticoagulants (Coumadin, Plavix, ETC.) in the last 6 months?

YES _____ NO _____

10. Do you have any permanent make-up, implants or tattoos?

YES _____ NO _____

If yes, please list and locations. _____

11. Have you had any unprotected sun exposure, used tanning creams or tanning beds in the last 4-6 weeks?

YES _____ NO _____

12. Which body area/areas or condition would you like treated?

Signature _____

Date: _____