



## SKIN TYPE FORM

Please answer the following questions to assist your physician in planning your treatment.

My skin type is closest to:

1. Very fair (Scandinavian) \_\_\_\_\_
2. Fair skinned (Caucasian with light hair and eyes) \_\_\_\_\_
3. Average skin (Caucasian with dark hair and eyes) \_\_\_\_\_
4. Olive skin (Mediterranean, Asian or Hispanic) \_\_\_\_\_
5. Dark skin (Middle Eastern, Hispanic, African) \_\_\_\_\_
6. Very Dark Skin (African) \_\_\_\_\_

My natural hair color is: \_\_\_\_\_

My natural eye color is: \_\_\_\_\_

If I go out into the sun for an hour, I will:

1. Burn, blister, and peel \_\_\_\_\_
2. Burn, then no color change \_\_\_\_\_
3. Burn, then tan in a few days \_\_\_\_\_
4. Burn, then tan very quickly \_\_\_\_\_
5. Just tan \_\_\_\_\_
6. Just get darker \_\_\_\_\_

When was the last time the area to be treated was exposed to direct sunlight, a tanning booth, or artificial medication? \_\_\_\_\_

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

**Initial:** \_\_\_\_\_

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### OFFICE USE ONLY

Clinical skin type: (I – IV) \_\_\_\_\_