| Patient Name |  |  |
|--------------|--|--|
|              |  |  |

| Date: |  |  |
|-------|--|--|
| Date. |  |  |



| Skin   |  | 0  | 1                                       | 2   | 3                           | 4                             |
|--------|--|--|---|---|-----------------------------|-------------------------------|
| Score  |  | J  | •                                       |   | 3                           | <b>-</b> -                    |
|        | What is your eye   | Light Blue   | Blue or                                 | Hazel or                                      | Dark                        | Brownish                      |
|        | color?   | or Grey  | Green                                   | Light Brown                                   | Brown                       | Black                         |
|        | What is your<br>natural hair color?  | Red,<br>Sandy<br>Red                                 | Blonde                                  | Dark<br>Blonde,<br>Chestnut,<br>Brown         | Dark<br>Brown               | Black                         |
|        | What is the color of your skin (unexposed areas)?                                  | Reddish  | Very Pale                               | Pale with<br>Beige Tint                       | Light<br>Brown              | Dark<br>Brown                 |
|        | Do you have freckles on exposed areas?   | Many   | Several                                 | Few   | Incidenta<br>I              | None                          |
|        | What happens when you stay in the sun too long?                                    | Painful,<br>redness,<br>blistering<br>and<br>peeling | Blistering<br>followed<br>by<br>peeling | Burns,<br>sometimes<br>followed by<br>peeling | Rarely<br>Burn              | Never<br>burn                 |
|        | To what degree do you turn brown?  | Hardly or<br>not at all                              | Light tan                               | Reasonable<br>Tan                             | Tan very<br>easily          | Turn dark<br>brown<br>quickly |
|        | How does your face respond to the sun?   | Very<br>sensitive                                    | Sensitive                               | Normal  | Very<br>resistant           | Never has problems in the sun |
|        | When did you last expose yourself to the sun, tanning beds or self-tanning creams? | More than<br>3 months<br>ago                         | 2-3<br>Months                           | 1-2 Months                                    | Less than<br>1 month<br>ago | Less than<br>2 weeks<br>ago   |
|        | How often is the area that you want to have treated exposed to the sun?            | Never  | Hardly<br>Ever                          | Sometimes                                     | Often                       | Always                        |
|        | Score:   | Skii   | n Type:                                 |   |                             |                               |
| TOTAL: | 0-7<br>8-16<br>17-25<br>26-30<br>Over 3  | 0  | <br>  <br>   <br> V<br> V-V             |   |                             |                               |