

FITZPATRICK SKIN TYPE QUESTIONNAIRE FOR LASER

Name: _____

DOB: _____

SCORE	0	1	2	3	4
What color are your eyes?	Light blue, gray, green	Hazel	Blue	Dark Brown	Brownish black
What is the natural color of your hair?	Sandy red	Blonde	Chestnut/Dark Blonde	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

Total score for genetic disposition: _____

SCORE	0	1	2	3	4
What happens when you stay too long in the sun?	Painful, redness, blistering, peeling	Blistering, followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours of sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total score for sun exposure: _____

SCORE	0	1	2	3	4
When did you last expose the treatment area to the direct sun?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
Do you routinely expose the treatment area to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for tanning habits: _____

Please list all prescribed medications (topical and oral):

TOTAL SCORE	SCORE	FITZPATRICK SKIN TYPE
	0-7	I
	8-16	II
	17-25	III
	26-30	IV
	Over 30	V-VI