Skin Type/Care Classification Questionnaire

Score	0	1	2	3	4
What is the natural color of your hair?	Sandy Red	Blond	Chestnut/dark blonde	Dark Brown	Black
What is eye color?	Light blue, or Gray, Green	Blue, gray Green	Blue	Dark Brown	Brownish Black
What is color of sun exposed skin areas?	Reddish	Very pale	Pale w/beige tint	Light Brown	Dark Brown
How many freckles on unexposed sun areas?	Many	Several	Few	Incidental	None
What happens when you are in the sun TOO long without sunblock?	Painful redness blistering/peeling	Blistering followed by peeling	Burns, sometimes w/peeling	Rarely burn	Never had problem
How well do you turn brown?	Hardly/not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark quickly
Do you turn brown within one day of sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very Resistant	Never had problem
When did you last expose yourself to sun or artificial sun treatment?	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 expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

00-07 points = Skin type I
08-16 points = Skin type II
17-25 points = Skin type III
25-30 points = Skin type IV
30-40 points = skin type V & VI

TOTAL SCORE _____

Do you currently have a sunburn? _____ YES _____NO
Do you form thick or raised scars from cuts or burns? _____ YES _____NO
Do you have hyperpigmentation (darkening of skin) or hypopigmentation (lightening of skin) or marks after physical trauma?
_____ YES _____NO If yes, please describe _____
What topical medications or creams are you currently using? _ Retin-A _ Tazorac _ Renova _ Avita _ Other _____

What are you looking to improve? List your top 3 cosmetic concerns:

1. _____
2. _____
3. _____

Would you like to discuss skin care products? _____ YES _____NO

Are there any particular treatments you would like to discuss today? _____

History:			If yes, when?
Self Tanner	Y	N	
Tanned skin	Y	N	
Waxing	Y	N	
Tweezing	Y	N	
Botox	Y	N	
Previous laser treatment	Y	N	
Permanent tattoo	Y	N	
Collagen injections	Y	N	
Other cosmetic fillers	Y	N	
Chemical peels	Y	N	
Microdermabrasion	Y	N	
Facials	Y	N	
Gold therapy	Y	N	

PRINT NAME_____ SIGNATURE_____ DATE: _____