

SKIN ANALYSIS



NAME: _____ DATE: _____

Please check all the areas that you are considering for treatment:

- Face Neck Arms Legs Bikini Line
 Abdomen Armpits Chest Genitals Back
 Hands/Feet Buttocks

Please check the conditions you would like treated:

- Hair/Sun Damage Wrinkles Dull Skin
 Spider Veins Acne Dark spots / age spots
 Cherry Spots Facial Veins

Have you ever had:

- Laser Chemical Peel Electrolysis Botox / Restylane
 Microdermabrasion Permanent Makeup Tattoos in areas to be treated

When? _____

Have you used any of these in the last month : Renova, Tazorac, Retin A, Alpha Hydroxy or Glycolic acids?

No Yes

Have you used Accutane or had radiation therapy?

No Yes

Are you currently taking any of the following? Tetracycline, Bactrim, Hydrochlorothiazide, St. Johns Wort, Antibiotics (oral or topical), or any other medication that may make you sensitive to the sun?

No Yes – type/location: _____

Medication allergies: _____

In the last 6 weeks have you done any of the following?

Tweezing Waxing Bleaching Tanning of any kind None of these

How often do you wear sunscreen?

Always Most Days Occasionally Rarely Never

Do You Have Any of The Following Conditions:

- Herpes (genital or cold sores) Keloids scars Acne Seborrhea
 Birthmarks Thick scars Eczema
 Dark or hypopigmented scars Medical conditions with excessive hair growth
 None of These

Skin Typing Evaluation and Patient Evaluation Form

This information will help our office to better evaluate your skin type so the laser treatment will be more effective. Skin type is often categorized according to the Fitzpatrick skin type scale, which ranges from very fair (skin type I) to very dark (skin type VI). The two main factors that influence skin type and the treatment program devised by your practitioner are:

- Genetic disposition
- Reaction to sun exposure and tanning habits

Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes the color of your eyes, hair, etc. The way your skin responds to sun exposure is another way of correctly assessing your skin type. Recent tanning, whether by the sun or an artificial tanning booth, even tanning creams, can have a major impact on your skin color evaluation.

By using the information you provide on this form, we can be better prepared to provide you with the best care. Please take a few minutes to fill out this questionnaire.

Genetic Disposition

Score	0	1	2	3	4
Your natural eye color?	Light Blue, Green, or Gray	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
Natural color of your hair?	Sandy, Red	Blond	Chestnut/ Dark Blond	Dark Brown	Black
Color of your non-exposed skin	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none

Total score for genetic disposition: _____

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay too long in the sun?	Painful redness, blistering, peeling	Blistering, followed by peeling	Burn sometimes, followed by peeling	Rarely burn	Never burn
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 after 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 reaction to sun exposure: _____

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun or tanning booth/cream?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than one month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for tanning habits: _____

Summary

Add up the total scores for each section for your Skin Type Score to give you a better evaluation of your skin type.

_____ Total score for Genetic Disposition

_____ Total score for Reaction to Sun Exposure

_____ Total score for Tanning Habits

_____ Skin Type Score

Your Fitzpatrick Skin Type:

Skin Type Score

Fitzpatrick Skin Type

0-07 → I

8-16 → II

17-25 → III

25-30 → IV

Over 30 → V – VI

COMMENTS _____

PATIENT SIGNATURE _____ DATE _____