



8119 Isabella Lane, Suite 100
 Brentwood, TN 37027
 Office: (615) 376-7700
 Fax: (615) 376-7775
 Web: www.Skinrenewclinic.com

Skin Type Worksheet

Client Name: _____

Date: _____

Score	Analysis	0	1	2	3	4
	What is the color of your Eyes?	Light Blue, or Light Green	Grey, Green or Hazel	Blue	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 Fair	Fair with Beige or Olive Tint	Light Brown, Olive	Dark Brown
	Do you have freckles/sun spots on sun-exposed areas?	Many	Several	Few	Incidental	None
	What happens when you stay in the sun too long?	Painful redness, Blistering, Peeling	Blistering followed by Peeling	Burns, sometimes followed by peeling	Rarely Burns	Never had Burns
	To what degree do you turn brown?	Hardly or not at all	Light Color Tan	Reasonable Tan	Tan very easily	Turn Dark Brown Quickly
	Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never had a problem
	When did you last expose yourself to the sun, tanning bed, or self-tanning creams?	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
Total:	Score	Fitzpatrick Skin Type				
	0 – 7	I				
	8 -16	II				
	17 – 25	III				
	25 – 30	IV				
	Over 30	V - VI				