

# Women Gynecology and Childbirth Associates, P.C.

## Patient Skin Type Evaluation – Laser

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date \_\_\_\_\_

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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 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 area?	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	Burns sometimes, followed by peeling	Rarely burns	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
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Total score 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 ó 3 months ago	1 ó 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 Skin Type:**

Skin Type Score	Skin Type
0 – 7	I
8 – 16	II
17 – 25	III
25 – 30	IV
Over 30	V – VI

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_