



PATIENT NAME

GENETIC DISPOSITION	0	1	2	3	4
What color are your eyes?	<input type="checkbox"/> Light blue, gray or green	<input type="checkbox"/> Blue, gray or green	<input type="checkbox"/> Blue	<input type="checkbox"/> Dark brown	<input type="checkbox"/> Brownish/Black
What is the natural color of your hair?	<input type="checkbox"/> Sandy Red	<input type="checkbox"/> Blond	<input type="checkbox"/> Chestnut/Dark blond	<input type="checkbox"/> Dark brown	<input type="checkbox"/> Black
What is the color of your skin (non-exposed areas)?	<input type="checkbox"/> Reddish	<input type="checkbox"/> Very pale	<input type="checkbox"/> Pale with beige tint	<input type="checkbox"/> Light brown	<input type="checkbox"/> Dark brown
Do you have freckles on unexposed?	<input type="checkbox"/> Many	<input type="checkbox"/> Several	<input type="checkbox"/> Few	<input type="checkbox"/> Incidental	<input type="checkbox"/> None
TOTAL SCORE					

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

TANNING HABITS	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	<input type="checkbox"/> More than 3 months ago	<input type="checkbox"/> 2-3 months ago	<input type="checkbox"/> 1-2 months ago	<input type="checkbox"/> Less than a month ago	<input type="checkbox"/> Less than 2 weeks ago
Did you expose the area to be treated to the sun?	<input type="checkbox"/> Never	<input type="checkbox"/> Hardly ever	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
TOTAL SCORE					

Summary	
Total score for genetic disposition	
Total score for reaction to sun exposure	
Total score for tanning habits	
Skin Type Score	

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