

AUTHORISED TREATMENT PROVIDER PATIENT QUESTIONNAIRE TO DETERMINE FITZPATRICK TYPE:

Patient Name:			Date:			
Score:		0	1	2	3	4
	What is your eye colour?	Light blue or grey	Blue or green	Hazel or light brown	Dark brown	Brownish/black
	What is the natural colour of your hair?	Red or sandy red	Blonde	Dark blonde or chestnut, brown	Dark brown	Black
	What is the colour of your skin (unexposed areas)?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
	Do you have freckles 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 any or not at all	Light 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
	How often is the area you want to have treated exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always
Total Score	Match your total score with the corresponding skin type.	Fitzpatrick Skin Type				
	0-7 8-16 17-25 26-30 Over 30	I II III IV V-VI				