



Fitzpatrick Skin Type Assessment

Client Name: _____

Date: _____

First: Answer the questions below

		CIRCLE ONE ANSWER IN EACH LINE/ROW				
		0	1	2	3	4
FAMILY DISPOSITION	What is the color of your eyes?	Light Blue, gray, green	Blue, gray or green	Blue	Dark Brown	Brown Black
	What is the natural color of your hair?	Sandy red	Blond	Chestnut brown, dark blond	Dark brown	Black
	What is the color of your skin in non-exposed areas?	Reddish	Very pale	Pale with beige tint	Light brown	Dark Brown
	Do you have freckles in the non-exposed areas?	Many	Several	Few	Incidental	None
REACTION TO SUN EXPOSURE	What happens when you stay in the sun too long?	Painful, blistering, redness, peel	Burns followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had a burn
	To what degree do you turn brown?	Hardly at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown
	Do you turn brown within several hours after sun exposure?	Hardly or not at all.	Seldom	Sometimes	Often	Always
	How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
TANNING HABITS	When did you last expose your body to the sun or sun bed?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than one month	Less than 2 weeks ago
	Did you expose the area you want treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Second: Add your total points _____

Third: What other ethnic considerations do you have?

Fourth: Circle your corresponding Fitzpatrick Skin Type

- Type I (0-7)
- Type II (8-16)
- Type III (17-25)
- Type IV (25-30)
- Type V-VI (30+)