

Pearland Family Medicine Skin Type Worksheet

Patient Name _____

Score	Question	0	1	2	3	4
<input type="text"/>	What is the color of your eyes?	Light Blue, Gray or Green	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
<input type="text"/>	What is the natural color of your hair?	Sandy Red	Blonde	Dark Blonde, Brown	Dark Brown	Black
<input type="text"/>	What is the natural color of your skin?	Reddish	Very Pale	Pale with beige tint	Light Brown	Dark Brown
<input type="text"/>	Do you have freckles on sun exposed areas?	Many	Several	Few	Incidental	None
<input type="text"/>	What happens when you stay in the sun too long?	Painful redness, Blistering, Peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Barely Burns	Never Burns
<input type="text"/>	To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark quickly
<input type="text"/>	Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
<input type="text"/>	How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very Resistant	Never had a problem
<input type="text"/>	When did you last exposure yourself to the sun, tanning bed or self tanner?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
<input type="text"/>	Do you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always
<input type="text"/>	Total					

Score	0-7	8-16	17-25	26-30	>30
Fitzpatrick Skin Type	I	II	III	IV	V-VI

Print Form