

Skin Deep Clinical Skin Care

Fitzpatrick Skin Typing

Skin Type I	Never tans, always burns (extremely fair skin, blonde/red hair)
Skin Type II	Occasionally tans, usually burns (fair skin, sandy to brown hair, green/brown eyes)
Skin Type III	Often tans, sometimes burns during 1 st exposure to sun (medium skin, brown hair)
Skin Type IV	Always tans, rarely burns (olive skin, brown hair)
Skin Type V	Rarely-Almost never burns (dark brown skin, black hair)
Skin Type VI	Never burns (black skin, black hair)

We do not recommend laser therapy if any of the following conditions exist. Please check any box that describes your current health condition. Please advise technician of any medications you are taking (see form).

_____ Photosensitivity Disorder _____ Herpes (active) (cold sores) _____ Shingles (active)
 _____ Seizure disorder triggered by light

SCORE	0	1	2	3	4	Scores
What is your eye color?	Light Blue	Blue/Grey/Green	Blue/Hazel	Brown	Brownish Black	
What is the natural color of your hair?	Sandy/Red	Very Pale	Dark Blonde/Light Brown	Chestnut/Brown	Black	
What is the color of your non-exposed skin?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown	
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None	
What happens the first time you stay in the sun too long?	Painful, Redness, Blistering, Peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rarely burns	Never burns	
To what degree do you turn brown?	Hardly or not at all	Light tan color	Reasonable tan	Tans very easily	Turns dark brown quickly	
Do you turn brown after the first several hours of 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	

TOTAL:

SKIN TYPE:

When did you last expose your body to sun, a tanning booth or tan cream?	More than 3 months ago	2 – 3 months ago	1 – 2 months ago	Less than 1 month ago	Less than 2 weeks ago	
When did you last expose the area to be treated to the sun?	More than 3 months ago	2 – 3 months ago	1 – 2 months ago	Less than 1 month ago	Less than 2 weeks ago	

Score with Tanning Habits:

Total:

Skin Type Score

Fitzpatrick

0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V – VI

Client Signature: _____ **Date:** _____

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Skin Analysis

Have you used Retin A in the last 2 weeks in the area to be treated? Y / N

Are you currently taking Accutane for acne or have you taken it in the last year? Y / N

If yes, explain: _____

Have you had a chemical or acid peel on your face in the last 3 months? _____ Y / N

If yes, where and when and what percent? _____

Have you seen a Dermatologist in the last 6 months? _____ Y / N

If yes, are you using dermatologist strength skincare products? _____ Y / N

If so list products: _____

Are you currently using a topical antibiotic on your face for acne? _____ Y / N

Have you taken oral antibiotics in the last 2 weeks? _____ Y / N

Do you have any tattoos or body piercing in the area to be treated? _____ Y / N

If so where? _____

Have you had radiation therapy in the last 6 months? _____ Y / N

Have you had chemotherapy treatments in the last 6 months? _____ Y / N

Have you had any cosmetic injectables (**Botox, juvederm or other fillers**) in the last 2 weeks? _____ Y / N

If so list products: _____

Client Signature _____ **Date** _____