



Avri Laser

Aesthetics

PATIENT DEMOGRAPHICS AND SKIN TYPING QUESTIONNAIRE

Last Name _____ First Name _____ MI _____

Mailing Address _____ Email: _____

City _____ State _____ Zip _____

Sex(M) _____ (F) _____ Employed (Y) _____ (N) _____ (R) _____ Employer _____

Student(Y) _____ (N) _____ School _____

Home Ph _____ Work Ph _____ Cell Ph _____

Date of Birth _____ Email: _____

Name of Primary Care Doctor _____

Referral Source _____ TV Ad _____ Newspaper _____

PLEASE CIRCLE THE ANSWER IN EACH COLUMN BELOW THAT BEST REPRESENTS YOUR SKIN TYPE. ALL ANSWERS SHOULD REFLECT SKIN TYPE WITHOUT SUN EXPOSURE OR TANNING.

GENETIC DISPOSITION(CIRCLE ANSWERS)

SCORE	0	1	2	3	4
Your natural eye color	Light blue, green, or gray	Blue, gray or green	Blue	Dark Brown	Brownish black
Natural color of your hair?	Sandy, red	Blond	Chestnut/Dark Blond	Dark Brown	Black
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

Total score for genetic disposition: _____

REACTION TO SUN EXPOSURE(CIRCLE ANSWERS)

SCORE	0	1	2	3	4
What happens when you stay too long in the sun?	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 color tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours after 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 Score of reaction to sun exposure: _____



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TANNING HABITS (CIRCLE ANSWERS)

SCORE	0	1	2	3	4
When did you last expose your body to sun or tanning booth/cream?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than one month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for tanning habits: _____

PATIENT SIGNATURE: _____ **DATE:** _____

AREA BELOW TO BE FILLED OUT BY STAFF

SUMMARY

- _____ Total score for Genetic Disposition
- _____ Total score for Reaction to Sun Exposure
- _____ Total score for Tanning Habits
- _____ Skin Type Score

FITZPATRICK SKIN TYPE:

SKIN TYPE SCORE	FITZPATRICK SKIN TYPE
0-7	I
8-16	II
17-25	III
26-30	IV
OVER 30	V-VI

COMMENTS:

4/2012