

Carol L. Hathaway MD, FACS
Plastic Surgery

Skin Typing

Patient Name: _____ Technician: _____ Date: _____

Please answer the following questions by circling the number which best describes you. Your clinician will total the score during the consultation.

- My ethnic origin is closest to:** (Check one)
- I. Very fair (Celtic and Scandinavian)
 - II. Fair-skinned Caucasians with light hair and light eyes
 - III. Pale-skinned Caucasians with dark hair and dark eyes
 - IV. Olive-skinned (Mediterranean, some Asian, some Hispanic)
 - V. Dark-skinned (Middle Eastern, Hispanic, Asians, some Africans)
 - VI. Very dark-skinned (African)

- My eye color is:**
- Light blue 0
 - Blue/green 1
 - Green/gray/golden 2
 - Hazel/light brown 3
 - Brown 4

- My natural hair color at age 18 was:**
- Red 0
 - Blonde 1
 - Light brown 2
 - Dark brown 3
 - Black 4

- The color of my skin that is not normally exposed to sun is:**
- Pink to reddish 0
 - Very pale 1
 - Pale with a beige tint 2
 - Light brown 3
 - Medium to dark brown 4
 - Dark brown-black 6

- If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:**
- Burn, blister and peel 0
 - Burn, then when burn resolves there is little or no color change 1
 - Burn, then turns to tan in a few days 2
 - Get pink, then turns to tan quickly 3
 - Just tan 4
 - Justs gets darker 5
 - My skin color is so dark I can't tell 6

- When was the last time the area to be treated was exposed to natural sunlight, tanning booths or artificial tanning cream?**
- Longer than one month ago 0
 - Within the past month 1
 - Within the past two weeks 3
 - Within the past week 4

TOTAL SCORE: _____

If you score is:	Your skin type is:	Notes:
0-3	I	
4-7	II	
8-11	III	
12-15	IV	
16-19	V	
20-24	VI	