



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

**What area(s) do you want to have treated?**

Upper lip  Chin  Cheeks  Full Face  Neck  Chest  Back  Underarms

Bikini  Buttocks  Forearms  Thighs  Lower Legs  Hands  Feet

Abdomen  Ears  Other

**What method of hair removal have you used in the last 4-6 weeks:**

Shaving  Tweezing  Electrolysis  Waxing  Sugaring  Threading

Cream Depilatories  Bleaching  Laser

Would you describe your skin as sensitive to heat and cold? Yes  No

Are you currently or have been on the drug Accutane in last 6 months? No  Yes  if yes, when did you stop or start. \_\_\_\_\_

Do you currently have a tan? Yes  No  if yes, when was the last time you were exposed to sunlight or tanning beds? \_\_\_\_\_

Are you currently using a self-tanning cream? Yes  No

Do you get cold sores? No  Yes  When was last outbreak \_\_\_\_\_

Have you ever had genital herpes? No  Yes  If Yes, When \_\_\_\_\_

Do you have any skin allergies? No  Yes  if yes please list:  
\_\_\_\_\_

Please list the medications and herbal supplements you use including topicals:  
\_\_\_\_\_

Have you ever had gold injections? Yes  No

Do you have your lip lines permanently tattooed? Yes  No

Have you had microblading to your eyebrows? Yes  No

Do you have a family history of hirsutism? No  Yes

Do you have any current skin infections? No  Yes  if yes, please list:  
\_\_\_\_\_



Have you had microdermabrasion? No  Yes  if yes, when was last one \_\_\_\_\_

Do you ever get light triggered headaches? No  Yes

Do you have any medical conditions? No  Yes  If Yes, Please explain \_\_\_\_\_

### If male, please pass over this section

Have you ever had your testosterone levels checked? No  Yes

Are your periods regular? Yes  No  Menopause  Hysterectomy  Are you pregnant or possibly attempting to get pregnant? No  Yes

Have you ever been treated for a hormone imbalance? No  Yes

Everyone please answer by circling the answer to each question to determine your skin type

## Fitzpatrick Skin Typing

Please circle the answer to each question to determine your skin type.

Score	0	1	2	3	4
What is the colour of your eyes?	Light Blue, gray, green	Blue, gray or green	Blue	Dark Brown	Brown, Black
What is the natural colour of your hair?	Sandy red	Blond	Chestnut brown, dark blond	Dark brown	Black
What is the colour 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
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 colour 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
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

Total score of all questions.....

Total Score	Fitzpatrick type
0-7	I
8-16	II
17-25	III
26-30	IV
Over 30	V- VI

Only fill out this portion if you are having Hair Removal: **Hair colour in area to be treated:**

Blond\_\_\_\_ Light brown \_\_\_\_ Brown\_\_\_\_

Dark Brown \_\_\_\_\_ Black\_\_\_\_\_

Grey \_\_\_\_\_

**Is the hair:**

Fine \_\_\_Medium\_\_\_Course\_\_\_\_\_