Submit To IMP Wellness

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IM&P Wellness Center

SKIN TYPING WORKSHEET

SCORE	0	1	2	3	4
What is the color of your eyes?	☐ Light Blue, Gray, Light Green	☐ Blue, Gray or Green	☐ Dark Blue or Hazel	☐ Dark Brown	☐ Brownish Black
What is the natural color fo your hair?	☐ Sandy Red	☐ Blonde	☐ Chestnut, Dark Blonde	☐ Dark Brown	☐ Black
What is the color of your skin? *(Non-exposed areas)*	☐ 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_____

SCORE	0	1	2	3	4
What happens when you stay in the sub too long?	☐ Painful red-ness, blistering, peeling	☐ Blistering foll-woed by peeling	☐ Burns some-times followed by peeling	☐ Rare Burns	☐ Never had burns
To what degree do you turn brown?	☐ Hardly or not at all	☐ Light color tan	☐ Reasonable tan	☐ Tans easily	☐ Turns dark brown quickly
Do you turn brown after several houes 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 score for REACTION TO SUN EXPOSURE_____

SCORE	0	1	2	3	4
When was the last time you exposed your body to the sun too long?	☐ More than 3 months ago	☐ 2-3 months ago	☐ 1-2 months ago	☐ Less than a month ago	☐ Less than 2 weeks ago
How frequently do you expose the area to be treated to the sun?	☐ Never	☐ Hardly ever	☐ Sometimes	☐ Often	☐ Always

SUMMARY

Total score for Genetic Disposition _____

Total score for Reaction to Sun _____

Total score for Tanning Habits _____

Total score for _____

Your Fitzpatrick Skin Type	
Skin type score	Fitspatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
Above 30	V-VI

In addition to the above, please tell us which skin conditions concern you the most *(Check all that apply)*:

- ☐ Uuneven Skin Tone
- ☐ Enlarged Pores
- ☐ Acne
- ☐ Upper lip lines
- ☐ Sun Spots
- ☐ Sun Damage
- ☐ Visible Exposed Blood Vessels
- ☐ Clogged Pores
- ☐ Excessive Oiliness
- ☐ Wrinkles
- ☐ Dry Patches
- ☐ Brown Spots (Hyperpigmentation)
- ☐ Hard Bumps Under Skin
- ☐ Blackheads/Whiteheads
- ☐ Pimples
- ☐ Scarring
- ☐ Unwanted Hair
- ☐ White Spots (Hypopigmentation)

What is your skin type: ☐ Dry ☐ Combination ☐ Oily ☐ Normal

Please check the products you currently use and list the BRAND NAMES of cosmentic products:

- ☐ Cleanser _____
- ☐ Moisturizer _____
- ☐ Eye Cream _____
- ☐ Scrub _____
- ☐ Vitamin A Cream _____
- ☐ Soap _____
- ☐ Night Cream _____
- ☐ Astringent _____
- ☐ Sunscreen _____
- ☐ Vitamin C Creme _____
- ☐ Toner _____
- ☐ Mask _____
- ☐ Glycolic Wash/Cleanser
- ☐ Salicylic Wash/Cleanser
- ☐ Alpha or Betahydroxy Cream

Are you using any topical creams, lotions or oral antibiotics for acne, skin cancer, and anti-aging or hyperpigmentation?

Please List: ○ Yes ○ No

Have you ever had any of the following wrinkle filters or implants:

☐ Collagen ☐ Restylane ☐ Perlane ☐ Hylaform ☐ Juvederm® ☐ Silicone ☐ Radiesse

If so, when? _____ What are? _____ By Whom? _____

Have you ever undergone any of the following treatments?

☐ Cosmetic Surgery What area of the body? _____ When was it done? _____

☐ BOTOX® What area of the face? _____ When was it done? _____

☐ Acid Peel ☐ Accutane ☐ Microdermabrasion ☐ Lasers ☐ Which one? _____

When and where was it done? _____

Are currently removing hair by any of the folowing methods?

☐ Waxing ☐ Tweezing ☐ "Nair" type products ☐ Electrolysis ☐ Laser Hair Removal

If so, when? _____ What area? _____ What type of laser _____

I certify that the above information is correct to the best of my knowledge. _____

Patient Signature

IM&P Wellness Center Notes:

IM&P Wellness Center