



Client Name _____

Today's Date _____

Client signature: _____

SPA
WITHIN

This scale classifies your complexion and your tolerance of sunlight. We use it to determine how you will respond or react to our facial treatments, and how likely you are to get skin cancer. Please help us by being completely honest with your answers.

Skin Typing Worksheet

	0	I	2	3	4	Skin Score
What is your eye color?	Light Blue or Green	Blue, Grey or Green	Hazel or Light Brown	Dark Brown	Brownish Black	
What is your natural hair color?	Red, Sandy Red	Blonde	Dark Blonde, Chestnut, Brown	Dark Brown	Black	
What is the color of your skin?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown	
Do you have freckles on sun exposed areas?	Many	Several	Few	Incidental	None	
What happens when you stay in the sun too long?	Painful, redness, blistering, and peeling	Blistering followed by peeling	Burns, sometimes followed by peeling	Rare Burn	Never had Burns	
To what degree do you turn brown?	Hardly or not at all	Light Tan	Reasonable Tan	Tan Very Easily	Turn Dark Brown Quickly	
How does your face response to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never had a problem	
When did you last expose yourself to sun, tanning beds or self-tanning creams?	More than 3 months ago	2-3 Months ago	1-2 Months ago	Less than 1 Month ago	Less than 2 weeks ago	
How often is the area that you want to have treated exposed to the sun?	Never	Hardly Ever	Sometimes	Often	Always	

Score Skin Type

Total: _____

- 0-7 I**
- 8-16 II**
- 17-25 III**
- 26-30 IV**
- Over 30 V-VI**