

Fitzpatrick Skin Type Quiz

Name: _____

Date: _____

This information will help our office better evaluate your skin type so treatments will be more effective. Skin type is often categorized according to the Fitzpatrick skin type scale, which ranges from very fair (skin type 1) to very dark (skin type 6).

By using the information you provide on this form, we can be better prepared to provide you with the best care. Please take a few minutes to fill out this questionnaire. Circle each answer and total each table.

Genetic Disposition:

Score	0	1	2	3	4
Your eye color?	Light Blue, Gray	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
Natural color of hair?	Sandy, Red	Blonde	Chestnut/ Dark Blonde	Dark Brown	Black
Color of non-exposed skin?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown
Do you have freckles on unexposed area?	Many	Several	Few	Incidental	None

Total Score for genetic disposition: _____

Reaction to Sun Exposure:

Score	0	1	2	3	4
What happens when you stay in the sun for too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rarely Burns	Never burns
To what degree do you tan?	Hardly or not at all	Light color tan	Reasonable tan	Tans easily	Tans very quickly
Do you tan 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 for reaction to sun exposure: _____

Tanning Habits:

Score	0	1	2	3	4
When did you last expose your body to sun or tanning (Including spray tans or lotions)?	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	Other	Always

Total Score for tanning habits:_____

Summary:Add up the total scores for each section for your skin type score to give you a better evaluation of your skin type.

_____ Total score for Genetic Disposition

_____ Total score for Reaction to Sun-Exposure

_____ Total score for Tanning Habits

_____ **Skin Type Score**

Your Fitzpatrick skin type:

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V-VI

Ethnic background is of importance when considering skin typing and laser hair reduction. If know, what is your ethnic background? What is the ethnic background of your great grandparents?

Laser Hair Reduction Patient Pretreatment Questionnaire

Name: _____

Please Answer the Following Questions:

1. Which Phrase Best Describes Your Skin Type

☐ I-Always Burns, Never Tans

☐ II-Always Burns, Sometimes Tans

☐ III-Sometimes Burns, Always Tans

☐ IV-Rarely Burns, Always Tans

☐ V-Moderately Pigmented (Hispanic, Asian, Mediterranean, Middle Eastern)

☐ VI-Very Pigmented/African American

2. Do you have a history of keloid or unusual scarring? ☐ Yes ☐ No

3. Do you have a history of Herpes Simplex (fever blisters or cold sores) in the area to be treated? ☐ Yes ☐ No

4. Have you been on Accutane (isotretinoin) in the last six months?

☐ Yes ☐ No

5. Do you take Propecia or apply topical Rogaine for hair loss? ☐ Yes

☐ No

6. Do you use Retin-A/ Renova/ Differin, Glycolic acid products or hydroquinone (bleaching agent) on the area to be treated? ☐ Yes

☐ No

7. Have you had waxing, plucking or electrolysis performed on the areas to be treated in the preceding six weeks? ☐ Yes ☐ No

8. When were you last exposed to the sun (including tanning beds)?

9. Do you use sunless tanning lotions? ☐ Yes ☐ No When was it last applied?

10. Are you planning a vacation in the sun? ___Yes___No

11. Are you pregnant or nursing? ___Yes ___No

12. Please list any medications, including hormones, you are currently taking?

13. List any medication allergies:

14. Have you ever received permanent makeup (Eyeliner, lip liner, blush, eyebrow color? ___Yes ___No. If so, where?

15. Do you have any tattoos (Medical, cosmetic, decorative, or traumatic) in the area to be treated? ___Yes ___No. If so where?

16. Have you ever received treatment with gold (gold therapy)?
___Yes___No

17. Have you ever been checked for hormone problems or have you ever been seen by an endocrinologist? ___Yes ___No

18. Are you currently being treated for a condition not listed? If so, please explain:

19. What products are you currently using on your skin?

20. Have you ever had a chemical peel? If so, what type and when?

21. Have you ever had any laser hair reduction treatments before?

___ Yes ___ No. If so, when?

INFORMED CONSENT FOR LASER HAIR REDUCTION

The LightSheer Desire is a diode laser used for the reduction of unwanted hair. Only actively growing hairs and follicles are affected. Several treatments are necessary to receive best results.

I am aware that there are alternate treatments, including waxing. The treatments, expectations from the treatment, and post treatment care have been explained to me and my questions regarding the treatment have been answered to my satisfaction. _____

I understand that the laser works on actively growing hairs and follicles and not on any that are dormant. For this reason, it requires several sessions to achieve the desired outcome. I understand that the goal of treatment is long-term hair reduction, and that permanent hair removal may or may not occur. _____

I am aware of the following possible risks associated with this treatment including, but not limited to:

- **Discomfort**- Some discomfort may be experienced during the laser treatment.
 - **Wound Healing**-Laser treatments may cause swelling, blistering, crusting or flaking of the treated area, which may require days to weeks to completely heal. Skin irritation, pimple-like red or white bumps, and dryness of the skin are common, but temporary. Rarely, bruising may occur. Once the surface has healed, it may be pink and sensitive to the sun for an additional 2-4 weeks.
 - **Pigment Changes**-(Skin Color)- During the healing process, the treated areas may become darker or lighter than the surrounding skin. This is usually temporary but, on rare occasions, may be permanent.
 - **Infection**-Skin infections can occur any time the skin surface is broken.
 - **Scarring**-Scarring is a rare occurrence.
 - **Vellus Hair Growth**-Occasionally fine blonde hairs may grow in the treated area. These hairs may not respond to further laser treatments.
 - **Gray or Blonde**- Gray and blonde hair responds poorly to laser treatments.
 - **Instances of increased hair growth after laser hair reduction have been reported, but are extremely rare.**
 - **No Effect**-Rarely, some patients may not respond to laser hair reduction.
 - **Eye Exposure**-Protective eyewear will be provided. It is important to keep protective eyewear on at all times during the service.
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Pre-treatment and post treatment photographs will be obtained. _____

I agree that any photographs taken may be used for medical publication, teaching purposes and/or advertising. _____

Due to the nature of this treatment, an exact result cannot be predicted and I acknowledge that no guarantees have been made to me as to the results that may be obtained. _____

I certify that I have read this entire consent form and that all of my questions have been answered to my satisfaction, and I understand and agree to the information provided above. I sent to and authorize Renew Day Spa and their certified staff to perform Laser Hair Reduction.

Patient Signature or Legal Guardian

Date

Witness

Date



PHOTO CONSENT & RELEASE FORM

I, the undersigned do hereby agree to the following: I am allowing Renew Day Spa or a staff member to take photos of my treatment and/or treated areas to be used for the purpose of monitoring my progress.

In addition: I give permission for my photos to be used for education. _____ (please initial)

I give permission for my photos to be used for advertising. _____
(please initial)

At my request, my identity will remain anonymous. _____ (please initial)

At my request, my photos will only be used for my chart. _____ (please initial)

Print Name:

Signature: _____

Date: _____

		<u>Renew</u>	
		3 Session	6 Session
	<u>Individual</u>	<u>Prepay</u>	<u>Prepay</u>
Areola	\$40.00	\$38.00	\$36.00
Arms (Full)	\$200.00	\$185.00	\$175.00
Arms (Half)	\$115.00	\$105.00	\$95.00
Back (Full)	\$250.00	\$230.00	\$210.00
Back (Lower)	\$110.00	\$95.00	\$80.00
Back (Upper)	\$200.00	\$185.00	\$175.00
Back And Neck	\$300.00	\$280.00	\$260.00
Back/Shld	\$350.00	\$325.00	\$300.00
Back/Shld/Neck	\$360.00	\$340.00	\$320.00
Bikini (Aus)	\$130.00	\$120.00	\$110.00
Bikini (Braz)	\$175.00	\$160.00	\$145.00
Bikini (Std)	\$105.00	\$95.00	\$85.00
Butt/Pern	\$200.00	\$185.00	\$175.00
Buttocks	\$175.00	\$160.00	\$145.00
Chest	\$175.00	\$160.00	\$145.00
Chest/Stom	\$250.00	\$230.00	\$210.00
Chin	\$60.00	\$55.00	\$50.00
Chin/Lip	\$85.00	\$75.00	\$65.00
Ears	\$70.00	\$60.00	\$50.00
Eyebrows	\$70.00	\$60.00	\$50.00
Face (Female)	\$125.00	\$115.00	\$105.00
Face (Male)	\$175.00	\$160.00	\$145.00
Feet	\$40.00	\$38.00	\$36.00
Hairline	\$60.00	\$55.00	\$50.00
Legs (Full)	\$350.00	\$325.00	\$300.00
Legs (Lower)	\$175.00	\$160.00	\$145.00
Legs (Upper)	\$230.00	\$210.00	\$195.00
Lip	\$40.00	\$38.00	\$36.00
Neck	\$80.00	\$70.00	\$60.00
Nose	\$40.00	\$38.00	\$36.00
Shoulder	\$115.00	\$105.00	\$95.00
Sideburns	\$70.00	\$60.00	\$50.00
Stomach	\$115.00	\$105.00	\$95.00
Underarms	\$75.00	\$65.00	\$55.00
6/9/2018			