

Skin typing assessment quiz

One of the most important factors in deciding which Laser/IPL™ (and settings) to use is the patient skin type. Skin typing is determined by genetics, reaction of the skin to sun exposure and tanning habits. The following skin type quiz¹ is intended **as a sample only** to provide additional help in the evaluation of an individual skin type. *Skin typing of the area to be treated* is to be assessed. Lumenis takes no liability on that document and its content is not intended to be a substitute for professional medical diagnosis.

Genetic predisposition

Score →	0	1	2	3	4	Report Score ↓
What is the colour of your eyes?	Light blue, grey, green	Blue, grey or green	Blue	Dark brown	Brownish black	.....
What is the natural colour of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black	.....
What is the colour of your skin (non-exposed areas)?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown	.....
Do you have freckles on non-exposed areas?	Many	Several	Few	Incidental	None	.....

Total score for genetic predisposition:

Reaction to sun exposure

Score →	0	1	2	3	4	Report Score ↓
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns	.....
To what degree do you turn brown?	Hardly or not at all	Light colour tan	Reasonable tan	Tan very easy	Turn dark brown quickly	.....
Do you turn brown 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	Report Score ↓
When did you last expose your body to sun (or artificial sunlamp/self-tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago	.....
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	.....

Total score for tanning habits:

Add up the total scores for each of the three sections for your Skin Type Score:

¹ Quiz adapted from the Radiation protection (tanning units) amendment regulation by the Australian Government Health Directorate and the American Skin Cancer Foundation

↓ Skin Type Score	Skin Type	Features
0-7	I	Caucasian / freckles Always burns and never tans (pale white skin)
8-16	II	Caucasian / freckles Burns easily and tans minimally (white skin)
17-25	III	Darker Caucasian Burns moderately and tans gradually (light brown skin)
25-30	IV	Mediterranean, Asian, Hispanic Burns minimally and always tans well (moderate brown skin)
Over 30	V	Middle Eastern, Latin, light-skinned black, Indian Rarely burns and tans profusely (dark brown skin)
	VI	Never burns (deeply pigmented dark brown to black skin)

Report total skin type score: Quiz skin type: Diagnosed skin type:

Has a consent form been signed? *(pls circle)* Yes / No Has an additional pre-treatment compliance checklist been completed? *(pls circle)* Yes / No

Assessment conducted by: *(pls print name)* Date of assessment: / /

Name of patient: Signature of patient: *(I attest hereby that I have answered the above to the best of my knowledge)*

Clinic HEADER and contact details

Please read and initial each statement. Complete, underline or circle individual selection accordingly.

- | | <u>Initials</u> |
|---|-----------------|
| <ul style="list-style-type: none"> • I authorize Doctor _____ to perform IPL™ / Nd:YAG treatments on me in an effort to improve Dyschromia / Hyperpigmentation / Hair Reduction / PWS / Haemangioma / Angioma / Rosacea / Telangiectasia / Leg vein / Other: _____ | _____ |
| <ul style="list-style-type: none"> • I understand that there is a rare possibility of side effects or serious complications including permanent discoloration and scarring. I am aware that careful adherence to all advised instructions will help reduce this possibility | _____ |
| <ul style="list-style-type: none"> • I understand the below list of short-term effects and agree to follow matching guidelines: <ul style="list-style-type: none"> ▪ Flaking of pigmented lesions – crusts may take 5 to 10 days to disappear and it is important not to manipulate or pick which may otherwise lead to scarring ▪ Discomfort – during the procedure, I might experience a sensation similar to a rubber band snap which degree will vary per my skin condition and area sensitivity but that does not last long. A mild “sun-burn” sensation may follow for typically up to one hour and will be reduced with application of cooling and soothing creams ▪ Reddening and swelling – severity and duration depend on the intensity of the treatment and the sensitivity of the area to be treated. These phenomena may be reduced with application of cooling and/or inflammatory creams ▪ Bruising may rarely occur and may last up to 2 weeks | _____ |
| <ul style="list-style-type: none"> • I understand that sun exposure or tanning of any sort is not aligned with the pre and/or post-care instructions and may increase the chance for complications | _____ |
| <ul style="list-style-type: none"> • The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered | _____ |
| <ul style="list-style-type: none"> • Pre and post-care instructions have been discussed and are completely clear to me | _____ |
| <ul style="list-style-type: none"> • I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required | _____ |
| <ul style="list-style-type: none"> • I consent to photographs being taken for the purpose of documenting my progress and response to the treatment and be kept solely in my medical record | _____ |
| <ul style="list-style-type: none"> • I consent to photographs being used for medical education or publication with applied discretion and not revealing my identity | _____ |
| <ul style="list-style-type: none"> • I agree to review the following IPL™/laser pre-treatment compliance checklist along with my Physician and bring accurate and updated data, to the best of my knowledge | _____ |

Clinic HEADER and contact details

	Skin type of the area to be treated: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/>		
	Natural or artificial sun exposure in the past 3-4 weeks pre-op or the following 3-4 weeks post-op plan	NO	YES
	Use of self-tanners or tan enhancer caps within the past 3-4 weeks pre-op plan	NO	YES
	Photosensitive herbal preparations (St John's Wort, Ginkgo Biloba, etc...) or aromatherapy (essential oils)	NO	YES:
	Diseases which may be stimulated by light at 515 nm to 1200 nm, such as history of Systemic Lupus Erythematosus or Porphyrria	NO	YES:
	Pregnant or possibility of pregnancy, postpartum or nursing	NO	YES
	Inflammatory skin conditions (dermatitis, active acne, etc...)	NO	YES:
HR	Presence or history of active cold sores or herpes simplex virus	NO	YES
PL	HIV	NO	YES
VI	Active cancer (currently on chemotherapy or radiation)	NO	YES
VI	Previous skin cancer?	NO	YES
	Medical history of keloids	NO	YES
	Intake of isotretinoin within the past year	NO	YES
	Medical history of Koebnerizing isomorphic diseases (vitiligo, psoriasis)	NO	YES:
	Any known allergy?	NO	YES:
	Any tattoo and/or pigmented lesion on requested treatment area that should be protected?	NO	YES
	List of additional current medication taken		
HR	Hormonal or endocrine disorders (PCOS or uncontrolled diabetes?)	NO	YES:
	Previous hair removal procedures on requested treatment area (other IPL/laser, wax, electrolysis, etc...)	NO	YES: what/when?
PL	Any observed modification (colour, size, texture and border) on the lesion to be treated?	NO	YES:
VI	Any hair on requested treatment area that should not be removed?	NO	YES
	Age of lesion onset?		
PL	Previous skin procedures on requested treatment area (Botox, fillers, peels, etc...)	NO	YES: what/when?
VI	Intake of aspirin or anti-coagulants?	NO	YES:
	Easy bruising?	NO	YES
VI	Swollen legs or pain after long standing/sitting?	NO	YES
VI	Previous vein surgery on requested treatment area (sclerotherapy, stripping, etc...)	NO	YES: what/when?

My signature certifies that I have duly read and understood the content of this informed consent form, and gave the accurate information as to my health condition. I hereby freely consent to M22™ skin treatments

Name of patient (please print) _____ Signature of patient _____ Date _____

Name of witness (please print) _____ Signature of witness _____ Date _____