



PERLIS WELLNESS CENTER

Cheryl Perlis, MD
81 E. Scranton Avenue, Lake Bluff, IL 60044
Phone: 847-295-5997 Fax: 847-295-6340
www.perliswellnesscenter.com

FITZPATRICK SKIN TYPE ASSESSMENT

Client Name: _____ DOB: _____

Write your score next to each question in the Score column.

Table with 7 columns: SCORE, Question, 0, 1, 2, 3, 4. Rows include questions about hair color, eye color, skin color, freckles, sunburn reactions, tanning, and sun exposure.

Your Skin Type Score

- 00-07 points
08-16 points
17-25 points
25-30 points
30-40 points

Fitzpatrick Skin Type Score

- Skin type I
Skin type II
Skin type III
Skin type IV
Skin type V & VI

To the best of my knowledge, the information I provided is true. I understand that this information is confidential and will not be disclosed without my written consent.

Client Signature

Date

Witness Signature

Date