

Fitzpatrick Skin Type Quiz

This information will help our office to better evaluate your skin type so the laser treatment will be more effective. Skin type is often categorized according to the Fitzpatrick skin type scale which ranges from very fair (skin type I) to very dark (skin type VI). The two main factors that influence skin type and the treatment program devised by your practitioner are:

- Genetic disposition
- Reaction to sun exposure and tanning habits

Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes the color of your eyes, hair, etc. The way your skin responds to sun exposure is another way of correctly assessing your skin type. Recent tanning, whether by the sun or an artificial tanning booth, even tanning creams, can have a major impact on your skin color evaluation.

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.

Mark 0 through 4 for each question.

Genetic Disposition

Score	0	1	2	3	4
Your eye color?	Light blue, gray, green	Blue, gray or green	Blue	Dark Brown	Brownish Black
Natural color of your hair?	Sandy, red	Blond	Chestnut/Dark Blonde	Dark Brown	Black
Color of your non-exposed skin?	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: _____

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay too long in the sun?	Painful redness, blistering, peeling	Blistering, followed by peeling	Burns sometimes, followed by peeling	Rarely burns	Never burn
To what degree do you turn brown?	Hardly or not at all	Light color 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: _____

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Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun or tanning booth/cream?	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	Often	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

Name: _____ Date: _____

Which of the following best describes your skin type?

Please circle one:

- 1- always burn, never tan
- 2- always burn, sometimes tan
- 3- sometimes burn, tan somewhat
- 4- rarely burn, tan with ease
- 5- moderately pigmented, tans very easily
- 6- deeply pigmented, never burn

Ethnic background is of importance when considering skin color and laser hair removal. If known what is your ethnic background:

WELLNESS & NUTRITIONAL PROFILE

Are you taking the necessary steps for living a healthier, longer life?

FACT: Studies have shown that the recommended daily values of vitamins and minerals ground you in the basic principles of nutrition. In addition, optimal dosages have been formulated to provide more than just a "insurance policy."

Yes ___ No ___

Have you suffered from joint pains and/or ailments?

FACT: There are natural alternatives for reducing the pain of decreasing joint space erosion. Choices like Glucosamine Sulfate aid your body's fight against degenerative joint disease.

Yes ___ No ___

Is weight-loss one of your main lifestyle concerns?

FACT: Obesity is the nation's second leading health problem after smoking. Being overweight puts you at high risk for a variety of serious diseases.

Yes ___ No ___

Do you find yourself concerned with failing memory, alertness and concentration?

FACT: Extracts from one of the world's oldest tree species increases blood flow of Glucose nourished, oxygenated blood to the brain, improving cognitive function--your ability to think, remember and concentrate.

Yes ___ No ___

Would lowering your blood pressure interest you?

FACT: The effects of fatigue, stress and a loss of energy have now been counteracted. Stamina can now be increased with a natural source of caffeine.

Yes ___ No ___

Does your family have a history of heart disease?

FACT: Folic acid, Vitamin B6 and B12 are very effective in reducing homocysteine levels.

Yes ___ No ___

Have you heard about the benefits of antioxidants?

FACT: Age-related macular degeneration is the leading cause of preventable blindness, cancer and Alzheimer's disease.

Yes ___ No ___

Are you alarmed about the recent issues regarding hormone therapy?

FACT: A natural alternative to hormone replacement therapy, isoflavones are powerful antioxidants derived from soy. This support helps your body fight against the effects of aging.

Yes ___ No ___

Do you know all the facts about your child's nutritional development?

FACT: Children often do not receive the full range of nutrients from their diets. A safe and complete multivitamin for children offers maximum nutrition.

Yes ___ No ___

Do you sometimes have problems falling asleep?

FACT: The body absorbs vital minerals and vitamins more efficiently and strengthens the immune system during sleep.

Yes ___ No ___

Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction

This practice is committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice applies to all protected health information as defined by Federal and State regulations.

Understanding Your Health Record/Information

Each time you visit our office, a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of this state and the nation.
- A source of data for our planning and marketing, with your authorization.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of this practice, the information belongs to you. You have the right to:

- Obtain a paper copy of this "Notice of Privacy Practices" upon request.
- Inspect and obtain a copy of your health record for as long as we maintain the protected health information (as per 45 CFR 164.524).*
*This right does not include inspection and copying of information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

We are required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the changes in our reception area. At your request and expense, we will provide a revised "Notice of Privacy Practices" to the address you have provided.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions, would like additional information or wish to report a problem, please contact this office so we may assist you. We will take all reasonable steps to see that your concerns are addressed.

If you believe your privacy rights have been violated, you can file a complaint with our office, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either this office or the Office of Civil rights. The address for the Office of Civil Rights is:

Office of Civil Rights
200 Independence Avenue. S.W.
Room 509F, HHH Building
Washington, D.C. 20201

NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the Notice of Privacy Practices from Allure Medspa. We encourage you to read it in full.

We reserve the right to change our practices and make new provisions for all protected health information we maintain. Should our information practices change, we will post the changes in our reception area. At your request we will provide you with a revised copy.

If you have any questions regarding our Notice of Privacy Practices, please talk with one of our staff members.

I fully understand the information provided in the Notice of Privacy Practices and acknowledge that I have been offered a copy.

Patient' Signature

Date