Patient consent form for isotretinoin

Male Patients to complete

I understand

1) Serious mood disturbance (depression) can be provoked by isotretinoin and I must contact my doctor and stop taking isotretinoin if I experience depression, become withdrawn, have thoughts of self harm or am feeling sad, anxious, worthless or hopeless. ☐

2) I should not donate blood during isotretinoin treatment or for at least one month after treatment. ☐

Doctor to complete

1) I have explained that depression of mood can be provoked by isotretinoin. ☐

Name ______________________ NZMC/NZNC ______________________

Signature ______________________ Date ______________________

Patient	Parent or Guardian
	Required if patient under 16 years old
I understand the above information about the effects of isotretinoin.	I understand the above information about the effects of isotretinoin.
Name ______________________	Name ______________________
Date ______________________	Date ______________________
Signature ______________________	Signature ______________________

Patient consent form for isotretinoin

Female Patients to complete

I understand

1) Isotretinoin may cause serious birth defects and that I should not take isotretinoin if I am pregnant or breastfeeding. ☐
2) If I am sexually active, I should use two forms of appropriate contraception (eg. oral contraceptive pill and condoms) ☐
   - for at least one month before taking isotretinoin,
   - while I am taking isotretinoin
   - one month after stopping treatment
3) I must tell my doctor immediately and stop taking isotretinoin if I become pregnant or believe I might be pregnant. ☐
4) Serious mood disturbance (depression) can be provoked by isotretinoin and I must contact my doctor and stop taking isotretinoin if I experience depression, become withdrawn, have thoughts of self harm or am feeling sad, anxious, worthless or hopeless. ☐
5) I should not donate blood during isotretinoin treatment or for at least one month after treatment. ☐

Doctor to complete

1) I have explained the risks of isotretinoin if the patient becomes pregnant, and the need to use appropriate contraception. ☐
2) I have explained that depression of mood can be provoked by isotretinoin. ☐
3) The patient has completed a reliable pregnancy test with a negative result. ☐

Name ______________________ NZMC/NZNC ______________________

Signature ______________________ Date ______________________

Patient

I understand the above information about the effects of isotretinoin.

Name ______________________

Date ______________________

Signature ______________________

Parent or Guardian

Required if patient under 16 years old

I understand the above information about the effects of isotretinoin.

Name ______________________

Date ______________________

Signature ______________________