

Isotretinoin consent form – females

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. | <input type="checkbox"/> |
| 2. If I am sexually active, I should use two forms of appropriate contraception (eg. oral contraceptive pill and condoms) <ul style="list-style-type: none">■ for at least one month before taking isotretinoin,■ while I am taking isotretinoin, and■ one month after stopping treatment | <input type="checkbox"/> |
| 3. I must tell my doctor immediately and stop taking isotretinoin if I become pregnant or believe I might be pregnant. | <input type="checkbox"/> |
| 4. Worsening mood and behavioural changes have been reported in patients taking isotretinoin and I must contact my doctor and stop taking isotretinoin if I experience depression, become withdrawn, have thoughts of self-harm or am feeling sad, anxious, worthless or hopeless. | <input type="checkbox"/> |
| 5. I should not donate blood during isotretinoin treatment or for at least one month after treatment. | <input type="checkbox"/> |

Doctor to complete

- | | |
|---|--------------------------|
| 1. I have explained the risks of isotretinoin if the patient becomes pregnant, and the need to use appropriate contraception. | <input type="checkbox"/> |
| 2. I have explained that depression of mood can be provoked by isotretinoin. | <input type="checkbox"/> |
| 3. The patient has completed a reliable pregnancy test with a negative result. | <input type="checkbox"/> |

Name:

NZMC/NZNC:

Signature:

Date:

Patient

Parent or Guardian

Required if patient is aged under 16 years

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:

Isotretinoin consent form – males

Male Patients to complete

I understand

1. Worsening mood and behavioural changes have been reported in patients taking isotretinoin and I must contact my doctor and stop taking isotretinoin if I experience depression, become withdrawn, have thoughts of self-harm or am feeling sad, anxious, worthless or hopeless.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

I understand the above information about the effects of isotretinoin.

Name:

Date:

Signature:

Parent or Guardian

Required if patient is aged under 16 years

I understand the above information about the effects of isotretinoin.

Name:

Date:

Signature: