

# 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provoked by isotretinoin and I must contact my doctor and stop taking isotretinoin if I experience depression, become withdrawn, have thoughts of self harm or am feeling sad, anxious, worthless or hopeless.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provoked by isotretinoin and I must contact my doctor and stop taking isotretinoin if I experience depression, become withdrawn, have thoughts of self harm or am feeling sad, anxious, worthless or hopeless.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

## 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 \_\_\_\_\_