**About Health Acne Referral**

**Patient Details:**

Name :

NHS No:

Please tick reason/s for referral

* Acne resistant to antibiotics (more than 3 months of oral antibiotics

in combination with topical therapy)

* Severe Nodular-cystic
* Scarring
* Significant psychological upset
* Older patients with long term acne (over 30)
* Other

Please complete the following questions:

* **What treatment is the patient currently using?**
* **Which oral treatments (antibiotic) have been used?**

*Please state if used for over 3 months and if not then why e.g. not tolerated*

* **Current or previous history of depression/** **psychiatric disease? If yes,please provide details below**
* **History of peanut/soya allergy? If yes, please provide details below**
* **What topical treatments have been tried?**
* **FEMALE PATIENTS in whom oral isotretinoin is a possible consideration**
  + Female patients need to be on a reliable form of **contraception in addition to a barrier method at least 1 month prior** to the commencement of oral isotretinoin.
  + The oral POP is not considered to be effective (reference BNF)
  + **If you are unsure whether your patient will qualify for oral isotretinoin or they have any possible contraindications (history of depression or psychiatric illness, abnormal liver function test/lipids, severe headache or migraine or women planning pregnancy) then it may be best to wait for a dermatology opinion before starting contraception.**
* Is the patient sexually active? Yes  No

If yes, what contraception is the patient currently using and when was it commenced?

* **BLOOD TESTS**

Please check **FBC, LFT**, **fasting lipids (and a fasting glucose in diabetic patients)** prior to referral and include/forward the results in case the Dermatologist is unable to access the results.

***N.B Consider Referral if Acne has not responded to Oral Antibiotics for at least for 3 months in combination with topical treatment***