**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***