

# Isotretinoin (Accutane, Clarus) - Patient Follow-Up Sheet

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Type of Contraception: \_\_\_\_\_ Signed Consent: Y N  
 Previous Accutane Use: Y N No. of Courses: \_\_\_\_\_ Last Use: \_\_\_\_\_  
 History: LMP: \_\_\_\_\_ Liver Disease: Y N  
 Depression: Y N Treatment: \_\_\_\_\_  
 Other Psychiatric Disorders Y N Contact lens use Y N Diabetes: Y N  
 Previous Pancreatitis Y N Elevated Triglycerides Y N

**Patient's Assessment of Acne Severity:**

1 \_\_\_\_\_ 10

**Psychosocial Impact of Acne on the Patient's Life:**

1 \_\_\_\_\_ 10

	Before Rx	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
Dry Lips							
Angular Cheilitis							
Dry Eyes							
Conjunctivitis							
Night blindness							
Focusing problems							
Headaches							
Photosensitivity							
Dry Anus							
Dry Vulva							
Dermatitis							
Myalgia							
Arthralgia							
Back pain							
Stiffness							
Pain in chest wall							
Mood changes							
Depression							
Loss of interest in normal activities							
Anorexia							
Weight loss							
Fatigue							
Paronychia							
Diarrhea							
Nose bleeds							
Pt Assess Acne Severity (1 to 10)							
Dr Assess Acne Severity (1 to 10)							

### Blood Work

	Before	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
Pregnancy Test							
ALT							
AST							
Bilirubin							
Triglycerides							
Cholesterol							