

Dermatology Associates of the South Bay
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Accutane Follow - Up Visit

Name: _____

Date: _____

D.O.B.: _____

How is your skin responding to Accutane?

Worsening No Change Somewhat Improved Greatly Improved

How many months have you been on Accutane? _____

How many milligrams of Accutane are you taking? _____ once daily - Twice daily

In the past month, have you had problems with the following:

- Dry skin? No problems - Mild - Moderate - Severe
- Chapped lips? No problems - Mild - Moderate - Severe
- Dry eyes? No problems - Mild - Moderate - Severe
- Vision Change? No problems - Mild - Moderate - Severe
- Rashes? No problems - Mild - Moderate - Severe
- Joint/Muscles Aches? No problems - Mild - Moderate - Severe
- Ingrown Nails? No problems - Mild - Moderate - Severe
- Loss of appetite or excessive appetite? Yes - No
- Loss of interest in usual activities? Yes - No
- Tearfulness? Yes - No
- Feeling depressed or sad? Yes - No

Do you have any questions or concerns about your treatment?

For female patients:

What was the date you started your last menstrual period? _____

What is your 1st method of pregnancy prevention? Abstinence - Oral Contraceptives - IUD - Other _____

What is your 2nd method of pregnancy prevention? Abstinence - Oral Contraceptives - IUD - Other _____

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PROVIDER ONLY:

Location: forehead, chin, mandibles, cheeks, chest, back

_____ papules/pustules _____ comedones _____ nodules/cysts

_____ pink macules _____ scars _____ hyperpigmented macules

DX: ACNE VULGARIS; mild, moderate, severe/inflammatory, comedonal

Improving, flaring, stable, well controlled - with scarring: Yes No

- with Post Inflammatory Hyperpigmentation: Yes No