

Isotretinoin Evaluation Request

To whom it may concern,

_____, a patient under the care of Derick Dermatology, has elected to undergo isotretinoin treatment for HIS/HER acne. Isotretinoin is a drug with an established risk of psychiatric side effects. These side effects include the risk of depression, psychosis and, rarely, suicidal ideation, suicide attempts, suicide, and aggressive and/or violent behaviors. Because of these risks, some patients elect to undergo a psychiatric evaluation before beginning isotretinoin therapy. Once you have evaluated this patient, please complete the form below and fax back to our office at (847) 381-8999.

Evaluation Details

Name of Evaluating Licensed Provider: _____

Specialty of Evaluating Licensed Provider: _____

Phone Number of Evaluating Licensed Provider: _____

Date of Evaluation: _____

Results of Evaluation

After evaluation of _____, it is my professional determination that HE/SHE is a suitable candidate for isotretinoin therapy. Please contact our office immediately if there is any mental health concern observed while patient is undergoing treatment with isotretinoin.

After evaluation of _____, it is my professional determination that HE/SHE is NOT a suitable candidate for isotretinoin therapy.

Comments Regarding Evaluation:

Signature of Evaluating Licensed Provider