



ACNE PRIMARY CARE REFERRAL PROFORMA

Please note that this proforma has been produced in response to the new isotretinoin regulatory position from the Commission of Human Medicines (April 2023) and guidance for implementation (October 2023).

1. HISTORY AND TREATMENT TO DATE		
Has the patient been managed in line with the NICE guideline on managing acne vulgaris (www.nice.org.uk/guidance/ng198 ; 2021, updated 2023)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide details of the history of the patient's acne, including current and previous treatment, with dates and duration (or attach to this proforma):		
2. REASON FOR REFERRAL (BAD Acne referral guidance for primary care, www.bad.org.uk/guidelines-and-standards/isotretinoin-clinical-resources)		
<p>a) Patient fulfils licensed indications for isotretinoin:</p> <ul style="list-style-type: none"> Severe form of acne (such as nodular or conglobate acne or acne at risk of permanent scarring). Inadequate response to standard therapy* (generally two different systemic antibiotics, if tolerated, for a minimum of three months each in combination with topical non-antibiotic therapy). <p>b) Other reason for referral. Please state reason(s) below:</p>	<input type="checkbox"/>	<input type="checkbox"/>
Refer to the NICE guideline on managing acne vulgaris (www.nice.org.uk/guidance/ng198) for appropriate treatments and indications for referral to specialist care.		
<p>Please note:</p> <ul style="list-style-type: none"> Patients with acne fulminans (severe, rapidly worsening nodular/cystic acne with erosions/ulcerations associated with systemic symptoms) should be referred to the on call hospital dermatology team to be assessed within 24 hours. *Patients with nodular/cystic lesions should be commenced on an appropriate systemic antibiotic and topical non-antibiotic therapy and referred at the same time – a trial of two different antibiotics is not needed in such cases. Patients should not be referred if their acne is well controlled on treatment. Maintenance therapy may be one or a combination of topical therapy and hormonal treatments, including spironolactone. Systemic antibiotics should not be continued as maintenance therapy for >6 months except in exceptional circumstances. Attaching an image with all acne referrals can help the specialist decide how soon the patient needs to be seen. 		
3. INFORMATION AND TESTS		
<p>If the patient is likely to require isotretinoin, please confirm you have:</p> <ul style="list-style-type: none"> Provided the patient with appropriate information on acne and isotretinoin: BAD – Isotretinoin patient guide (www.bad.org.uk/pils/isotretinoin) Medicines for Children – Oral isotretinoin guide for young people (www.medicinesforchildren.org.uk/medicines/isotretinoin-guide-for-young-people/) BAD – Acne patient information leaflet (www.bad.org.uk/pils/acne) 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes	No

<ul style="list-style-type: none"> Checked relevant blood tests – lipids (including triglycerides), LFTs – and provided the patient with the results, if they are not available to specialists. <p>If these have not been done, please state the reason(s) below:</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<h4>4. MENTAL HEALTH</h4>			
<p>Does the patient have any current or past mental health issues <i>apart</i> from mood changes arising from the impact of their acne? This may include conditions either diagnosed or waiting for assessment, such as:</p> <ul style="list-style-type: none"> diagnosed mental health disorders, e.g. anxiety, depression, etc. previous self-harm or suicidal thoughts/behaviour neurodiversity, e.g. autistic spectrum disorders or attention-deficit hyperactivity disorder. <p>If yes, please provide details, including any contact with mental health services (voluntary/school/CAMHS/IAPT/CMHT) and any treatment:</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	
<h4>5. UNDER-18s</h4>			
<p>If the patient meets the criteria for treatment with isotretinoin, do you consent to being named as the second healthcare provider who agrees this is appropriate (patient fulfils licensed indications for isotretinoin – see section 2)? If not, please state the reason(s) below:</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	
<p>Please note:</p> <ul style="list-style-type: none"> You are not being asked to make the decision to initiate isotretinoin. This will be made by the ‘Lead prescriber’ i.e. the specialist. The key role of the second approved named HCP is to agree, independently, that it is appropriate for the patient to be treated with isotretinoin. If you do not consent, the patient can still be referred but this might lead to a delay in initiating treatment. 			
<h4>6. CHILD-BEARING POTENTIAL</h4>			
<p>If the patient is likely to require isotretinoin, have you discussed and commenced appropriate contraception, if required?</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p>N/A</p> <input type="checkbox"/>
<p>If the patient is currently taking contraception, please provide details of current contraception method and duration:</p> <p>If the patient has child-bearing potential and you have not started contraception, please state the reason(s) why (for example, only having sex/sexual intercourse with a person who has no potential to make them pregnant; long-term sexual abstinence):</p>			
<h4>7. GENERAL HEALTH ISSUES</h4>			
<p>Please ensure all details of medical conditions, allergies and current prescriptions are attached to this referral proforma.</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	