**Acne Referrals Checklist**

Please ensure the following have been done prior to referring a patient to the specialist Acne clinic:

1. **Appropriate period of topical treatment trialled** □
2. **At least 4 months of antibiotic treatment has been trialled** □
3. **No known contraindications to Roaccutane i.e.**

Mental health history □ Hyperlipidaemia □

Planned pregnancy □ Underlying liver disease □

1. **Patient has been prepared for Roaccutane i.e.**

Lipid Profile □ LFTs □ On contraception □