**Female Accutane Renewal Form**

1. **I am not pregnant, planning pregnancy, or breastfeeding. If I am, I understand that I should not continue with Accutane treatment and will contact my doctor immediately. (Backend)**

**Checkbox**

1. Are you taking any new medications?

Yes/No

Comments: Input type = radio button. If user selects “No” then 2nd question should not come, correct?Correct

1. If so, which?  
     
   Comments: Input type = text box. **(Backend)**
2. Are you using any new skincare products since your last evaluation? If yes, please provide details.

Yes/No  
  
Comments: input type = radio button.   
  
“If yes, please provide details. “ >> Is this a new questions and only pops up if user selects “Yes” and continues further.Correct

1. Has the treatment been effective (remember we expect significant improvement starting after you have completed 2 months of treatment)?

No improvement yet

Mild improvement

Some improvement

Excellent improvement

Comments: input type = radio button

1. Are you experiencing any of the below side effects? Please check all that apply. (These side effects are relatively common while on an Accutane treatment)

Dry skin

Rash

Dry nose

Dry mouth/lips

Nose bleeds

Back pain

Other joint pain

I am not experiencing any of these side effects.   
  
 Comments: input type = checkbox

1. Are you experiencing any of the following red flag side effects? Please check all that apply. (If “Yes” to any, PLEASE STOP your Accutane immediately until your doctor calls you after submitting this evaluation to discuss your symptoms)

Depression/suicidal thoughts

Vomiting/diarrhea

Liver disease

Hearing loss

Vision change

Bad headache/Dizziness

Allergic reaction (hives or swelling from Accutane)

I am not experiencing any of these side effects.

Comments: input type = checkbox

1. Are you taking any of the following red flag medications? Please check all that apply. (If “Yes” to any, PLEASE STOP your Accutane immediately until your doctor calls you after submitting this evaluation to discuss)

Vitamin A supplements

Tetracycline antibiotics

Progestin only birth control (mini pill)

Dilantin (phenytoin)

Oral steroids (such as Prednisone)

Oral steroids (such as Prednisone)

Comments: input type = checkbox

1. What are your 2 forms of birth control (this selection must not change for your entire course of treatment)? If you have signed your initial form committing to abstinence, just check select N/A below.

If you are using oral birth control as one of your methods of contraception, we offer the option to purchase it from us during your Accutane treatment through your iPledge Action Items tab.

Comments:Where does user need to indicate “N/A”?

Oral birth control

Condoms

Hormonal IUD (Mirena, Kyleena, Liletta, Skyla)

Copper IUD (Paraguard)

Hormonal under the skin implant (implanon)

Nuvaring

Tubal ligation

Hysterectomy

N/A – I am committing to abstinence (not sexually active).

Comments: input type = please specify here…Check box

1. Anything else you want your doctor to know?  
     
   Comments: input type = textbox **(Backend)**
2. Prior to your prescription renewal, would you like your doctor to call you?

\*Calls are only required if you are experiencing red flag side effects, are taking any red flag medications, are pregnant, planning pregnancy, breastfeeding, or if something has dramatically changed since your last evaluation.

Yes/No

Comments: input type = radio button

1. Please select “I agree” to the following statement: I confirm that I understand I am not to share my Accutane with any other person. I understand that no refills are allowed and I must follow up with my doctor each month for my next prescription. I understand I should not donate blood while taking isotretinoin andfor at least 1 month after my last dose of Accutane. I understand that Accutane should never be taken by any woman who is pregnant, planning pregnancyor breastfeeding.I understand that I must use two methods of contraception simultaneously and continuously for at least one month prior to intiation of Isotretinoin treatment, during Isotretinoin treatment and for one month after discontinuing isotretinoin treatment, unless I commit to continuous abstinence. I will inform my doctor and stop taking Accutane immediately should any of the above “red flag” side effects develop.

I AGREE  
  
Comments: “I AGREE” button will be thereDo not let patient answer the next question until they select “I AGREE” button.

1. Photo upload

Right face

Left face

Center face

Back (optional)

Chest (optional) **(Backend)**

Comments: same screens will come as initial flow except “Back” & “Chest” will be optional.

1. Pregnancy Test Photo Upload

Comments: User will upload only one image or can upload multiple?One **(Backend)**

**Male Renewal Form**

1. Are you taking any new medications?

Yes/No

Comments: Input type = radio button. If user selects “No” then 2nd question should not come, correct?Correct

1. If so, which?

Comments: Input type = text box. **(Backend)**

1. Are you using any new skincare products since your last evaluation? If yes, please provide details.

Yes/No

Comments: input type = radio button.   
  
“If yes, please provide details. “ >> Is this a new questions and only pops up if user selects “Yes” and continues further.Correct

1. Has the treatment been effective (remember we expect significant improvement starting after you have completed 2 months of treatment)?

No improvement yet

Mild improvement

Some improvement

Excellent improvement

Comments: input type = radio button

1. Are you experiencing any of the below side effects? Please check all that apply. (These side effects are relatively common while on an Accutane treatment)

Dry skin

Rash

Dry nose

Dry mouth/lips

Nose bleeds

Back pain

Other joint pain

I am not experiencing any of these side effects.

Comments: input type = checkbox

1. Are you experiencing any red flag side effects? Please check all that apply. (If yes to any, please stop your Accutane until the doctor calls you).

Depression/suicidal thoughts

Vomiting/diarrhea

Liver disease

Hearing loss

Vision change

Bad headache/Dizziness

Allergic reaction (hives or swelling from Accutane)

I am not experiencing any of these side effects.

Comments: input type = checkbox

1. Are you taking any of the following red flag medications? Please check all that apply. (If yes to any, please stop your Accutane until the doctor calls you)

Vitamin A supplements

Tetracycline antibiotics

Dilantin (phenytoin)

Oral steroids (such as Prednisone)

St. John’s Wort

Comments: input type = checkbox

1. Anything else you want your doctor to know?  
     
   Comments: input type = textbox **(Backend)**
2. Prior to your prescription renewal, would you like your doctor to call you?

\*Calls are only required if you are experiencing red flag side effects, are taking any red flag medications, or if something has dramatically changed since your last evaluation.

Yes/No  
  
 Comments: input type = radio button

1. Please select “I agree” to the following statement: I confirm that I understand I am not to share my Accutane with any other person. I understand that no refills are allowed and I must follow up with my doctor each month for my next prescription. I understand I should not donate blood while taking isotretinoin and for at least 1 month after my last dose of Accutane. I will inform my doctor and stop taking Accutane immediately should any of the above “red flag” side effects develop.

I AGREE

Comments: “I AGREE” button will be thereDo not let patient answer the next question until they select “I AGREE” button.

1. Photo upload

Right face

Left face

Center face

Back (optional)

Chest (optional) **(Backend)**

Comments: same screens will come as initial flow except “Back” & “Chest” will be optional.

These needs to be added to all initial Accutane flows

Are you taking any of the following medications? Please check all that apply.

Note: If you want to be evaluated for the Accutane treatment specifically, these medications are contraindications and will need to be stopped and cannot be taken during treatment.

Vitamin A supplements

Tetracycline antibiotics

Progestin only birth control (mini pill)

Dilantin (phenytoin)

Oral steroids (such as Prednisone)

St. John’s Wort

Comments: after which question, the above question needs to be added?This should be added before the “please list any other medications you are currently taking”.