KERRY SKIN CLINIC
SKIN, HAIR + NAILS SPECIALISTS

Dr David Buckley
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Consent Form for Patients taking "Roaccutane"

I, ……..…of…….....

born on……confirm that I have been informed by Dr David Buckley of The Kerry Skin Clinic, Tralee, about any possible risks that are associated with taking "Roaccutane".
I have read the product information leaflet on "Roaccutane", supplied to me by Dr Buckley. In addition, I am aware of possible adverse effects, including dry lips, dry skin, back pain, and the possible worsening of the acne in the first month of treatment. I agree to attend Dr Buckley monthly during the treatment for blood and urine tests. I also agree to return for a final review three months after completing "Roaccutane".
I am aware that there are unconfirmed reports of other rare side effects including:
-Possible risk of mood disorders, including depression while taking "Roaccutane". However, most people who complete a course of Roaccutane feel their mood improves when their acne clears.
-There are very rare reports that Roaccutane may cause sexual dysfunction, including decreased libido, erectile dysfunction, orgasm difficulties, and genital dryness. On the other hand, having clear skin may enhance sexual desire and performance.
I agree to report to Dr Buckley immediately, either personally or by telephone, should I develop any possible adverse effects from my course of "Roaccutane".

For women only:

I am aware that they could be severe damage to an unborn child, should I become pregnant while on "Roaccutane" or for one month after completion of treatment. I agree to use at least one and preferably two methods of contraception for one month before treatment, throughout the treatment and for one month after completing the course of treatment. Should I accidently become pregnant I will inform Dr Buckley immediately
I am willing to receive treatment with "Roaccutane" and accept the risks and precautionary measures involved, which have been fully explained to me.

Patient's Signature: .....

Guardian's Signature (if patient is < 18 years old) ……

Witness, Dr David Buckley: ..... Date……

Patient information leaflet on Roaccutane issued: **Yes ☐** **No ☐**

Copy of this consent form given to patient: **Yes ☐** **No ☐**

Z: Dermatology Papers/Roaccutane Consent Oct 2025

For more information:

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