

Acne Template

Date of service _____

Patients Name _____

Age ____ year's ____ months

Clinic # _____

Sex: Male Female

Chief complaint/concern with acne _____

Duration of Acne _____

Previous treatment tried (including over the counter)

Topical treatments _____

Duration _____

Systemic treatments _____

Duration _____

Assessment of Acne

_____ Mild

_____ Moderate

_____ Severe

_____ Comedonal

_____ Papular

_____ Pustular

_____ Nodulocystic

_____ Scarring

Treatment plan:

1. Topical medication prescribed _____

a. Strength _____

b. Duration _____

2. Systemic medication prescribed _____

a. Strength _____

b. Duration _____

3. Follow-up treatment in _____ Months with

a. Primary physician _____

b. Dermatologist _____