

## Visiting the Doctor:

# GOUT CHECKLIST



## Appointment Details

Doctor's Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Office Address: \_\_\_\_\_

## Before the Appointment

- Date of first gout attack: \_\_\_\_\_
- Date of most recent gout attack: \_\_\_\_\_
- Length of most recent attack: \_\_\_\_\_
- Number of flares in the past year: \_\_\_\_\_
- Family history of gout: YES / NO (circle one)
- Current medications: \_\_\_\_\_
- History of other conditions: (circle all that apply)  
kidney stones   kidney disease   diabetes  
hypertension   heart disease  
Other: \_\_\_\_\_
- Are you taking azathioprine for another condition? YES / NO (circle one)

## During the Appointment

Share the information above with your doctor. Be prepared to ask them the following questions:

- What causes gout?
- What tests do I need to have done, and how often?
- How can I check my uric acid level?  
*Remember, if it's over 6, you need a fix!*
- Does gout increase my risk of other health conditions?
- What support is available for gout patients?
- Treatments:
  - What preventive and maintenance treatments are available? What are the side effects of these medications?
  - What medications can I take during a flare?
  - What can I expect when I start a new treatment? Are there side effects?
  - \_\_\_\_\_

## After the Appointment

- Fill all prescriptions.
- Take your treatment as prescribed by your doctor.
- Keep track of your symptoms – a journal may be helpful in tracking symptoms and flares.
- If the current treatment isn't working, tell your doctor.



**GOUT SUPPORT GROUP**  
**of America**

*If It's Over 6, You Need A Fix*

[goutsupportgroup.org](http://goutsupportgroup.org)