My gout record

From _____ to _____

Uric acid results

DATE	RESULT AND UNIT	LAB OR HOME TEST

Daily medication

Tick each day you took it.

Medication and strength _____

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Medication and strength _____

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Flares

DATE IT STARTED	JOINT	DAYS IT LASTED	WHAT YOU TOOK FOR IT

Questions for my appointment

1. What was my last uric acid result, and when was it taken?
2. What number are we aiming for?
3. If I am not at that number yet, what is the plan?
4. _____
5. _____