

START THE CONVERSATION

TALK TO YOUR DOCTOR ABOUT RECURRENT PERICARDITIS

A discussion guide to aid you in conversation with your doctor and make the most of your next appointment.

TO USE THIS GUIDE:

- Fill in section 1 before your appointment, with information about your symptoms and how you have been feeling.
- Read through section 2 before your appointment and consider asking your doctor the questions to help you learn more about potential treatment options.
- Print out this document or be ready to pull it up on your mobile device so you can take notes during your appointment.



BEFORE YOUR APPOINTMENT:

Answer these questions so you can share the information with your doctor. Knowing this information will help ensure your doctor understands your symptoms more fully and can confirm or provide an accurate diagnosis, along with suggestions for a treatment plan that's right for you.

DIAGNOSIS				
Have you been diagnosed w	vith pericarditi	s?		
Yes No				
Type of pericarditis: One-time	Recurrent	Other:		
Date of most recent flare:				
SYMPTOMS What symptoms have you b				
Sharp chest pain	Low-grade fever		Sleeplessness	
☐ Back, neck, or shoulder pain ☐ Cough	Overall sense weakness ar	nd fatigue	Fear of next flareInterruption in daily routine	
Shortness of breath when lying downHeart palpitations	Swelling in the abdomen, leg	he	Feeling depressedMissing time at work	
How long have you been exp When did these symptoms s the symptoms?				
RECENT HEALTH EVENT Have you had any of these h				
An infection (from a bacteria, fu or parasite)	ıngus,	A heart pro	ocedure (such as placing ker)	
A virus (such as the flu or COVII	O-19)		our heart or pericardium (such ear accident, radiation, or rapy)	



DURING YOUR APPOINTMENT:

You may want to ask your doctor these questions and take notes as you discuss.

LAB TESTS (IF NOT DIAGNOSED)
Are there any lab tests that you believe can help provide an accurate diagnosis of my symptoms?
☐ Blood tests ☐ Cardiac magnetic resonance imaging (MRI) ☐ Computed tomography (CT) scan
☐ Echocardiogram (ECHO) ☐ X-ray
MANAGEMENT PLAN
What treatment options and/or lifestyle changes would you recommend for me?
MEDICATIONS
LIFESTYLE (E.G., DAILY ACTIVITY, EXERCISE, ETC.)
How might this impact my daily life?
DUDATION AND IMPACT OF DISEASE
DURATION AND IMPACT OF DISEASE
How long does recurrent pericarditis last and how might it affect me?

When might my symptoms begin to resolve; what should I do if they don't?				
Are there possible long-term complications I should be aware of?				
FOLLOW-UP When should I return for my next check up?				
DATE/TIME				
Do you think I could benefit from a consultation with another specialist? For example: Cardiologist Rheumatologist Dietician Counselor Other:				
NOTES				

As you continue to manage pericarditis, it's important to maintain ongoing communication with your healthcare team. By regularly monitoring your symptoms, adhering to your treatment plan, and staying proactive in seeking information and support you can work towards achieving the best possible outcomes for you.

