

Referral for Gout Symptoms Evaluation

Date: [Insert Date]

To: [Rheumatology Clinic Name]

Address: [Clinic Address]

Dear [Rheumatologist's Name],

I am writing to refer my patient, [Patient's Full Name], for evaluation of suspected gout symptoms. The patient is a [age]-year-old [male/female] who presents with recurrent episodes of joint pain, specifically in the [specific joints, e.g., big toe, ankle].

The patient reports the following symptoms:

- Acute onset of pain
- Swelling and tenderness in affected joints
- History of similar episodes
- Possible triggers include [e.g., dietary habits, recent alcohol intake]

Additionally, the patient's medical history includes [relevant medical history] and current medications include [list medications].

Please evaluate [Patient's Name] for possible gout and any necessary management or treatment options. I appreciate your assistance in this matter.

Thank you,

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]