

# DOCTOR DISCUSSION GUIDE

## ABOUT YOU

1. Is the area of psoriasis on your body more than 3%? (your palm represents about 1% of your body)
  - a. Yes
  - b. No
2. Are you taking any prescription or over-the-counter medications?
  - a. If yes, please specify \_\_\_\_\_
  - b. No
3. What other treatments have you tried? (For example, topicals, oral medications, or biologics.)  
\_\_\_\_\_
4. Did you experience any flares or rebounds (sudden worsening of your psoriasis) after stopping these treatments? Any other side effects?
  - a. If yes, please specify \_\_\_\_\_
  - b. No
5. Why did you end a particular treatment? \_\_\_\_\_

What is the shortest and longest amount of time you've stayed on a treatment?

\_\_\_\_\_

## ABOUT AMEVIVE

1. What are the key features of Amevive?
2. How is Amevive given?
3. What is the safety profile of Amevive?
4. Could Amevive be right for me?

**Note:** Be sure to discuss your complete medical history with your doctor. If you become pregnant during treatment with Amevive, tell your doctor and consider enrolling in the Amevive Pregnancy Registry by calling 1-866-AMEVIVE. No information is entered or collected.