

Patient information (Please Fill out completely)

Today's Date: _____

Name: _____ Date of birth: _____ Phone# _____

Email: _____ Address: _____

City: _____ State: _____ Zip: _____

Do you have any allergies? _____

Fill out questions below

1. Are you Male or female? (Circle one)		
2. If female, are you pregnant or breastfeeding?	Yes	No
3. Were you treated with antibiotics for UTI in the past 6 months?	Once	Twice
4. Do you remember the name of antibiotic?		

3. Do you have any of the following symptoms?

	Yes	No
Painful burning sensation when urinating?		
Urinary Urgency/Frequency		
Discomfort or pressure in the lower abdomen?		
Cloudy, unpleasant smelling urine?		
Pain in the pelvic area?		

4. Are you experiencing any of the following?

	Yes	No
Fever		
Shaking Chills		
Nausea/ Vomiting		
Flank Pain (pain that runs along the back above waist level?)		
Symptoms different from previous urinary tract infections?		

5. Have you ever had or been diagnosed with any of the following?

If you are unsure if you have had any of these, please ask your pharmacist for help.

	Yes	No
Previous complicated Urinary tract infection		
Ureteric or urethral stricture		
Tumors of the urinary tract		
Stones in the bladder, kidney, etc.		
Diverticula		
Renal cysts		
Urinary tract abnormalities		
Pelvic/lyceal obstruction		
Indwelling urethral catheter		
Ureteric stent		
Nephrostomy tube		
Intermittent catheterization		
Invasive urological procedure		
Neurogenic Bladder		
Cystocele (Fallen bladder)		
Vesicoureteral reflux (urine refluxes back into the upper urinary tracts)		
Ileal conduit procedure		
Increased calcium in the kidneys		
Medullary sponge kidney		
Renal failure		
Kidney transplant		

Signature: _____ Date: _____

Oral Antibiotics (For pharmacy use)

Name: _____



Date: _____

Date of Birth: _____

Trimethoprim- Sulfamethoxazole 160/800 mg 1 PO BID x 3 Days	Nitrofurantoin (Macrobid) 100 mg 1 PO BID x 5 Days	Ciprofloxacin 250 mg 1 PO BID x 3 Days
Urinary analgesic	Phenazopyridine 200 mg #6 tablets. Take one tablet by mouth three times daily for 2 days for severe dysuria.	

Dispense as Written

Substitution Permitted