

Westlake Village Urgent Care, Occupational and Family Medical Clinic--**UTI Fastrack Form**

Date: _____ / _____ 2020

When did the symptoms start? _____ days ago

Name: _____

What symptoms are you having?

Date of Birth _____

- Frequent urination/ Urgent need to urinate
- Pain/ Burning with Urination. .
- Odor or cloudy urine or blood in urine.
- Bladder/ pelvic pain.
- Sensation of bladder pressure.
- Sensation of incomplete bladder emptying,
- Incontinence/ unable to control urine
- Fever Back Pain Nausea Abd pain
- Vaginal discharge OR Itching

Preferred Pharmacy _____

PLEASE GIVE US A "CLEAN CATCH" URINE SAMPLE. INSTRUCTIONS ARE POSTED IN THE RESTROOM. DO NOT FORGET TO PUT YOUR NAME ON THE SAMPLE CUP.

FOR OFFICE USE ONLY

Do you have a history of Kidney stones? _____

T _____, HR _____ 02% _____, BP _____

Do you have normal kidney function? _____

Are you pregnant _____ or nursing? _____

LMP? _____

How often do you get UTI's? _____

UA: WBC:

RBC:

Nitrites:

When was the last time? _____.

What medicine did you take for your last UTI? _____

- VSS and WNL
- ILL or well appearing
- COR: RRR NO m
- L: CTA B, No R/R/ W
- ABD: Soft, NT/ ND
- No CVAT Tender over bladder
- _____

Did you pretreat this episode with any medication? (an old antibiotic, AZO, Cystex, Uricalm) _____

Allergies to Medication? _____

What are your current medications? _____

Urgent Care staff may leave a detailed message
 Text OR Voice Message for me regarding
Labs/ Tests/ Reports etc. at:

(_____) _____ - _____

X _____
Patient or Representative

- PLAN
- Urine Culture
 - Microscopic UA
 - 1 gm Rocephin IM
 - ABX:
 - See Aftercare instructions.