

PROFORMA FOR A SUSPECTED URINARY TRACT INFECTION

NAME		
DOB		
Contact Tel No		
Reason for testing:		
Do you have any of the following symptoms? (please circle)		
Burning when passing water	YES	NO
Passing water more often than normal	YES	NO
Sudden urgent desire to pass urine	YES	NO
Blood in urine	YES	NO
Low tummy/bladder pain	YES	NO
Confusion	YES	NO
High temperature	YES	NO
New incontinence	YES	NO
(Female patients only)		
Are you pregnant or suspect that you may be?	YES	NO
Are you currently menstruating?	YES	NO
How long have you had these symptoms?		
Have you had a urine infection in the last year?	YES	NO
If you have answered YES to the above question, can you remember when and how many infections you have had in this time?		
Any known allergies:		

FOR SURGERY USE ONLY

Seen & actioned by Nurse: Seen & Actioned by GP:
Date:

PROFORMA SHOULD BE CODED ONTO PATIENT'S NOTES ONCE SEEN & ACTIONED AND CODED AS "URINARY SYMPTOMS" OR "SUSPECTED UTI"