



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

Date: \_\_\_\_\_ / \_\_\_\_\_

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.

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FOR OFFICE USE ONLY

Do you have a history of Kidney stones? \_\_\_\_\_

Do you have normal kidney function? \_\_\_\_\_

Are you pregnant \_\_\_\_\_ or nursing? \_\_\_\_\_

T \_\_\_\_\_, HR \_\_\_\_\_ 02% \_\_\_\_\_, BP \_\_\_\_\_

How often do you get UTI's? \_\_\_\_\_

LMP? \_\_\_\_\_

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? \_\_\_\_\_

**PLAN**

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

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

( ) \_\_\_\_\_ - \_\_\_\_\_

X \_\_\_\_\_  
Patient or Representative