

UTI assessment form for pharmacy –FEMALES AGED 16-64

Please complete this if you are a **female aged 16-64** and think you may have a urine infection (UTI).

Name	D.o.B
GP	Address
Contact number	
Symptoms (Please circle <i>Yes</i> or <i>No</i>):	
Pain when passing urine?	Yes/No
Passing urine at night more than usual?	Yes/No
Cloudy urine?	Yes/No
<p><i>If you have circled Yes for 2 or 3 of the above questions you may be eligible for an antibiotic prescription from the pharmacy. Please complete the rest of the form and take it to the pharmacist.</i></p> <p><i>If you have circled No for 2 or 3 of the above questions you are not eligible for an antibiotic prescription from the pharmacy. Please speak to the GP surgery if required, who may request a urine specimen.</i></p>	
Other symptoms (Please circle <i>Yes</i> or <i>No</i>):	
Abnormal/ increased/ smelly vaginal discharge (<i>If yes, please contact GP or Sexual Health clinic</i>)	Yes/No
Fever or rigors (shaking)	Yes/No
Severe abdominal or back pain	Yes/No
Visible blood in your urine (not on your period) (<i>If yes to any of the above, please speak to the GP surgery</i>)	Yes/No
Are you pregnant or breast-feeding? (<i>If yes please contact GP surgery</i>)	Yes/No
Are you allergic to Nitrofurantoin (an antibiotic used to treat UTI)	Yes/No
Have you had antibiotics for a UTI in the past 2 weeks?	Yes/No
Have you had antibiotics for a UTI on 2 or more occasions in the past 6 months or 3 or more occasions in the past 12 months?	Yes/No
Are you currently taking any antibiotics? (Including long term regular antibiotics to prevent a UTI)	Yes/No

Do you have a urinary catheter?	
Do you have any of the following underlying conditions? (Please circle those that applied)	
Chronic kidney disease	History of kidney stones
Previous urological surgery	Chronic liver disease
COPD	Emphysema
Deficiency of B12 or folate	G6PD deficiency
Anaemia	Diabetes mellitus
Neurological (nervous system) disease	Immune disorder e.g. HIV

*If you have answered **No** to all the above questions and **none** of the above medical conditions, please list any regular medications you take below (including those you buy over the counter or prescribed by a hospital specialist) and take this form to the pharmacy.*

You DO NOT need to take a urine sample to the pharmacy.