Name:_____ Date of birth_____ DATE_____

Suspected Urinary Tract Infection patient questionnaire for Female patients under 65 years of age.

New Symptoms (please tick all those which apply)

Pain on passing urine.	☐	Increased frequency of passing urine.	☐
Urgency when passing urine.	☐	Blood in the urine.	☐
Soreness down below when NOT passing urine.	☐	Itching.	☐
Discharge from vagina or penis.	☐	Abdominal pain, if so where? ……	
Back pain / Loin pain	☐	Temperature symptoms, (circle as appropriate) Felling: hot / cold / sweaty / vomiting / nausea	

How many days? ……

1.	Have you already contacted a local pharmacy for a free consultation?	Yes / No
2.	Are you currently on your period? If Yes, what was your LMP date?	Yes / No ……..
3.	When did you last move your bowels?	
4.	How much are you drinking daily? (number of cups per day)	
7.	How many infections have you had in the last 12 months?	
8.	How many courses of antibiotics have you had for your UTI(s)?	
9.	Are you (or could you be) pregnant? If so, how many weeks pregnant?	Yes / No ……..
10.	Please note any drug allergies.	

Nominated Pharmacist: _____

Contact telephone Number: _____

Please leave your specimen and this questionnaire at the GP reception ideally before midday. Please ensure the pot is clearly marked with your name, date of birth and the time the specimen was collected.

Ask receptionist for UTI leaflet.