RECURRENT URINARY TRACT INFECTION IN WOMEN

Name_________________________ Date of birth_____________ Age______ Date of visit__________

Number of pregnancies________ Vaginal births__________ C-sections__________

Menopause status (circle): Premenopause Undergoing menopause Postmenopause

How many infections have you had in the last 6 months?__________ In the last 12 months?__________

Culture proven?_______ Bacteria_______________ If not, how diagnosed? (dipstick, symptoms)__________

Date of last antibiotic use_________ Antibiotic_________________________ Number of days________

Do you leak urine?_______ With cough/sneeze?_______ When you don’t get to the bathroom in time?_______

Ever been diagnosed with a bulge (drop) of the bladder (cystocele)?__________

History of bladder or pelvic surgery?__________ Type of surgery_________________________ Date__________

History of kidney stones?____ Number of stones passed____ Stone surgery (what, when)__________

Have you ever been sexually active?__________ Sexually active in the last 12 months?__________

Have you had a new partner in the last year?__________ Do infections happen after sex?__________

Pain with intercourse?__________ Vaginal dryness?__________

Do you use (circle): Spermicides Condoms with spermicide Condoms Cervical cap Diaphragm

Prior evaluation: Doctor, date__________ Circle: Ultrasound CT scan Xray Cystoscopy (look in bladder)

Past treatments (circle): Cranberry Estrogen cream Prophylactic antibiotic Self-start antibiotic Post intercourse antibiotic Methanamine (Uribel) Vitamin C

Is there family history of recurrent urinary tract infection?______ Who?___________________

Office use: Post void residual_______ cc Urine dipstick: SG____ pH______ LE Nitrite Blood Prot Bili
