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HIGHFIELD ROAD

**BUCKIE AB56 1JE**

**DO YOU HAVE SYMPTOMS OF A URINARY TRACT INFECTION?**

**Your community pharmacy may be able to provide advice and treatment, if appropriate, for this if you are:**

* **Aged 16 – 65**
* **Not pregnant**
* **Not diabetic**
* **Do not have a catheter in place**
* **Have had no antibiotic treatment for a urine infection in the past 28 days, more than twice in last 6 months or three times in past 12 months**
* **Have no known allergies to Trimethoprim**
* **Are not on any of the following medications: Azathioprine, Ciclosporin, Methotrexate, Phenytoin, Warfarin or Digoxin**

**If you are eligible for this service, please go to your local pharmacy for advice and treatment if appropriate.**

**If however, you do not meet the criteria specified above, please complete the form overleaf and pass to the receptionist. Please provide a clearly labelled sample of urine with your contact details and a member of the duty team will call you back.**

**Suspected Urine Infection**

Name: Date of birth:

Date of sample:

Time of sample:

When did your symptoms start?

Please answer the following short questions regarding your symptoms

* Do you have a urinary catheter in place? Yes No
* If yes, have you contacted the district nursing team? Yes No
* Are you passing urine more frequently? Yes No

* Do you have symptoms of new incontinence? Yes No
* Have you experienced pain when passing urine? Yes No
* Do you have abdominal/back pain? Yes No
* Have you noticed blood in your urine? Yes No
* Have you noticed any fever? Yes No
* Have you had any nausea/vomiting? Yes No
* Have you noticed your urine is foul smelling/cloudy? Yes No
* Have you experienced any confusion? Yes No
* Have you been constipated? Yes No

Any additional information: