**Management of suspected lower urinary tract infection (UTI) in patients less than 65 years old**

**Do you have upper back pain?** YES / NO

**If YES then this form is not appropriate and you will need to discuss your symptoms with a GP today**

NAME:

DOB:

GENDER:

DO YOU HAVE A CATHETER?: YES / NO

COULD YOU BE PREGNANT?: YES / NO

HAVE YOU RECENTLY COMPETED A COURSE OF ANTIBIOTICS FOR A UTI?

**Symptoms:**

Pain on urination YES / NO

Cloudy urine YES / NO

Passing urine more often at night YES / NO

Passing urine more often during the day YES / NO

Having to rush to the toilet to pass urine YES / NO

Pain in the lower abdomen YES / NO

Visible blood in the urine YES / NO

Urine appears cloudy YES / NO / NOT SURE

Depending on your answers a sample may be required to be tested at the surgery and / or sent to the local laboratory. This decision will be based on clinical guidance. You will be contacted by a member of our team within 24 hours with instructions on what to do next.