GU Infections

Subjective Data					
Patient Name: _____	Date: _____	Age: _____			
Pregnant: ☐ Yes ☐ No/Unlikely	LMP: ☐ Yes ☐ No				
Allergies: _____					
Current Medication:					
Dysuria:	☐ Yes	☐ No	Duration: _____		
Fever:	☐ Yes	☐ No	Duration: _____		
ABD:	☐ Yes	☐ No	Duration: _____		
Hematuria:	☐ Yes	☐ No	Duration: _____		
Nausea:	☐ Yes	☐ No	Duration: _____		
Vomiting:	☐ Yes	☐ No	Duration: _____		
Pelvic Pain:	☐ Yes	☐ No	Symptoms: _____		
Urination Issues:	☐ Yes	☐ No	Symptoms: _____		
Vaginal Issues:	☐ Yes	☐ No	Symptoms: _____		
Urethra Issues:	☐ Yes	☐ No	Symptoms: _____		
Wet Mount:					
Objective Data					
Vitals	BP: _____	P: _____	T: _____		
	Weight: _____	Urine PG: _____	UA: _____		
Other:					
Assessment					
Plan for Treatment					

_____ _____

Signature Date