

MEDICAL RECORD

Report on Acute Uncomplicated Dysuria or Urgency in Women

or

~~Continuation of S.F.---~~

(Strike out one line) (specify type of examination or data)

(Sign and date)

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_

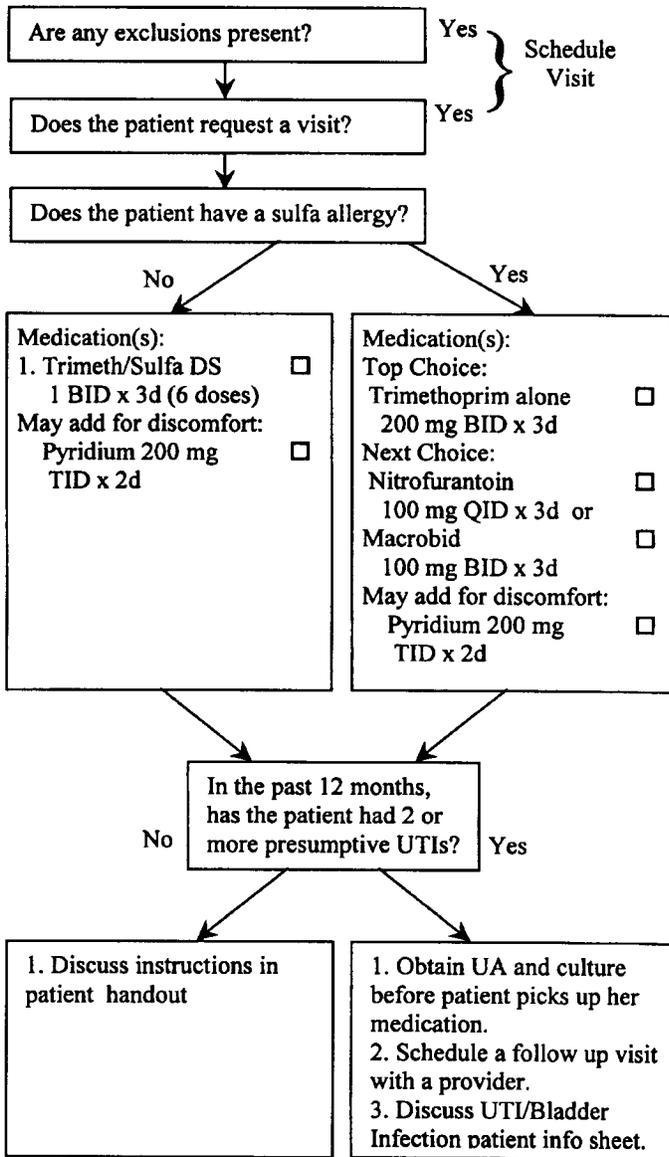
Time: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

EXCLUSIONS		
	Yes	No
1. Fever, documented (> 100.5°F or 38°C)	<input type="checkbox"/>	<input type="checkbox"/>
2. Nausea, vomiting, abdominal pain (Slight tenderness over bladder area is not an exclusion.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Diabetic	<input type="checkbox"/>	<input type="checkbox"/>
4. Known pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
5. Immunocompromised (receiving immunosuppressive medication or has condition)	<input type="checkbox"/>	<input type="checkbox"/>
6. Symptoms > 7 days	<input type="checkbox"/>	<input type="checkbox"/>
7. Symptoms of vaginitis (vaginal discharge, vaginal irritation)	<input type="checkbox"/>	<input type="checkbox"/>
8. Recent or persistent urinary stone disease	<input type="checkbox"/>	<input type="checkbox"/>
9. Chronic renal or urologic abnormalities other than stress incontinence	<input type="checkbox"/>	<input type="checkbox"/>
10. Gross hematuria in women > 50 years old	<input type="checkbox"/>	<input type="checkbox"/>
Within the last 2 weeks has the patient:		
11. Been treated for UTI	<input type="checkbox"/>	<input type="checkbox"/>
12. Had a catheterization or other urologic procedure	<input type="checkbox"/>	<input type="checkbox"/>
13. Been discharged from the hospital or nursing home	<input type="checkbox"/>	<input type="checkbox"/>



Signature: \_\_\_\_\_ Date \_\_\_\_\_  
MD, PA or ARNP

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
RN

(Continue on reverse side)

PATIENT'S IDENTIFICATION

(For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

REPORT ON \_\_\_\_\_ OR CONTINUATION OF \_\_\_\_\_

Medical Record

STANDARD FORM 507 (7-81) (EF-V1) (PerFORM PRO)  
Prescribed by GSANCMR, FIRM (41 CFR) 201-9.202-1  
NAVMED Overprint 63202 (8-01)

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## Urinary tract infections/Bladder Infections Information for women

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Your healthcare provider has determined that you have an uncomplicated bladder infection. In the past, we might have performed a urinalysis and urine culture to help us make that diagnosis. You might also have been given antibiotics for one week or longer.

An expert panel of Department of Defense and Veterans Affairs physicians and staff completed an exhaustive analysis of the scientific literature regarding the most beneficial, safe, and cost-effective methods for diagnosis and treating simple urinary tract infections (bladder infections). They concluded that routine testing of urine was both inconvenient for our patients and unnecessary for making an accurate diagnosis of bladder infection. Their research also led them to conclude that treatment for three days with antibiotics routinely results in cures of simple, uncomplicated infections with a lower risk of side effects such as vaginitis.

We know that this way of treating your bladder infection may be different than you have experienced in the past. We want you to know that it is based on best and current research and clinical practice.

We welcome your comments.

### Follow-up Instructions

If you have any of the following, call your primary care manager or schedule a visit:

- Symptoms that last longer than three days after taking the antibiotics
- Symptoms that come back within 14 days
- Fever (greater than 100.5°F or 38°C) while on antibiotics
- Pink, red, or brown color to your urine after three days

Ways to prevent future infections

- **Urinate after intercourse.** This has been shown to reduce the infection rate by half.

May also be helpful:

- Don't go long periods of time (i.e., 4 hours) without urinating
- Drink lots of fluids
- Wipe front to back

If you have frequent infections (3 or 4 or more per year), talk to your healthcare provider about other ways to prevent future infections. He or she might recommend antibiotics or a change in your contraceptive method.