

# Urinary System

## Patient Case Scenario- Check List

### Patient Information

Name \_\_\_\_\_

Age \_\_\_\_\_

Height (Previous) \_\_\_\_\_

Weight (Previous) \_\_\_\_\_

### Race

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Unknown                                 |
| <input type="checkbox"/> Black/ African America | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Patient declines to provide information |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Mixed                                     |  |
| <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> Other                                     |  |

### Gender

- Male  Female

### Past Medical Conditions

### Present Medical Conditions based on Patient Interview (check all that apply)

#### Cardiovascular

- Anemia  
 Chest pain  
 Dizzy/Fainting  
 High blood pressure

#### Respiratory

- Asthma/Bronchitis  
 Chronic cough  
 Emphysema  
 Pneumonia
- Tuberculosis  
 Smoker  Yes  No

#### Musculoskeletal

- Bone pain  
 Joint pain

#### Abdomen

- Abdominal pain  
 Abdominal swelling  
 Blood in stool
- Constipation  Nausea  
 Diarrhea  Ulcer  
 Heartburn

#### Pelvic

- Bladder infection  
 Blood in urine  
 Frequent urination

- Kidney infection  
 Lower back pain

#### Other

(Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Allergies

- Food  Seasonal  Other \_\_\_\_\_  
 Pet  None

#### Medications

- Allergy  Antibiotics  Pain  Vitamins  Other (List) \_\_\_\_\_  
 Antacids  Cold/Flu  Sleep  None \_\_\_\_\_  
\_\_\_\_\_

### Exams and Test Results

#### Physical Exam Results

Vitals HR \_\_\_\_\_ BP \_\_\_\_\_ RR \_\_\_\_\_

Weight- Current  Decreased  Increased  Same

Calculate BMI \_\_\_\_\_ What does this patient's BMI indicate?  
\_\_\_\_\_

Breathing  Shallow  Deep  Wheezing  Normal  
 Labored  Rapid

Other \_\_\_\_\_  
\_\_\_\_\_

**Exams and Test Results (continued)**

**Tests**

1. **Blood**

<b>RBC Count:</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal RBC count indicate? _____
<b>WBC Count:</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal WBC count indicate? _____
<b>HbA1C (Hemoglobin A1c)</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> N/A	If applicable, what does an abnormal HbA1c indicate? _____
<b>Albumin</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal albumin level indicate? _____
<b>Cholesterol:</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal cholesterol level indicate? _____
<b>Glucose:</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal glucose level indicate? _____
<b>Triglycerides:</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal triglyceride level indicate? _____
<b>Urea (BUN):</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal urea level indicate? _____
<b>Creatinine:</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal creatinine level indicate? _____
<b>GFR:</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal GFR indicate? _____

2. **Urinalysis**

<b>Urine Albumin</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal urine albumin level indicate? _____
<b>Urine Creatinine</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal urine creatinine level indicate? _____
<b>Albumin-to-Creatinine Ratio</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> N/A	If applicable, what does your non-normal urine albumin-to-creatinine ratio indicate? _____
<b>Urine Glucose</b>	<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> Normal <input type="checkbox"/> N/A	If applicable, what does your non-normal GFR indicate? _____