Urinary System

Patient Case Scenario- Check List (Part 1)

Patient Information

Name _____

Age _____

Height _____   **Weight** _____

Race

☐ White/Caucasian	☐ American Indian or Alaska Native	☐ Unknown
☐ Black/ African America	☐ Native Hawaiian or Other Pacific Islander	☐ Patient declines to provide
☐ Asian	☐ Mixed	information
☐ Hispanic/Latino	☐ 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
☐ Diarrhea
☐ Heartburn

☐ Nausea
☐ Ulcer

Pelvic
- ☐ Bladder infection
- ☐ Blood in urine
- ☐ Frequent urination

☐ Kidney infection
☐ Lower back pain

Other
(Explain) _____
_____
_____

Allergies
- ☐ Food
- ☐ Pet

☐ Seasonal
☐ None

☐ Other _____

Medications
- ☐ Allergy
- ☐ Antacids

☐ Antibiotics
☐ Cold/Flu

☐ Pain
☐ Sleep

☐ Vitamins

☐ None

<u>**Exams and Test Results**</u>

<u>**Physcial Exam Results**</u>

Vitals   HR _____   BP _____   RR _____

Weight- Current   _____

BMI _____   What does this patient's BMI indicate?

_____

Breathing   ☐ Shallow   ☐ Deep   ☐ Wheezing   ☐ Normal
             ☐ Labored   ☐ Rapid

Other _____

_____

_____

<u>**Tests**</u>

1. <u>**Blood**</u>

   RBC Count: ☐ Low   ☐ Normal   If applicable, what does your non-normal RBC count indicate?
                     ☐ High   ☐ N/A   _____

   WBC Count: ☐ Low   ☐ Normal   If applicable, what does your non-normal WBC count indicate?
                     ☐ High   ☐ N/A   _____

   HbA1C   ☐ Normal   ☐ N/A   If applicable, what does an abnormal HbA1c indicate?
   (Hemoglogin A1c) ☐ Abnormal   _____

   Albumin   ☐ Low   ☐ Normal   If applicable, what does your non-normal albumin level indicate?
                     ☐ High   ☐ N/A   _____

   Cholesterol: ☐ Low   ☐ Normal   If applicable, what does your non-normal cholesterol level indicate?
                     ☐ High   ☐ N/A   _____

   Glucose: ☐ Low   ☐ Normal   If applicable, what does your non-normal glucose level indicate?
                     ☐ High   ☐ N/A   _____

   Triglycerides: ☐ Low   ☐ Normal   If applicable, what does your non-normal triglyceride level indicate?
                     ☐ High   ☐ N/A   _____

2. <u>**Fasting Blood Sugar Test**</u>

   Day 1 Result: ☐ Low   ☐ Normal
                     ☐ High   ☐ N/A

   Day 2 Result: ☐ Low   ☐ Normal   If applicable, what does your results of this test indicate?
                     ☐ High   ☐ N/A   _____

3. <u>**Oral Glucose Tolerance Test**</u>

                     ☐ Low   ☐ Normal   If applicable, what does your results of this test indicate?
                     ☐ High   ☐ N/A   _____