

SALTDEAN & ROTTINGDEAN MEDICAL PRACTICE

Full name of patient	
Date of Birth	
Date the sample was done	
Time the sample was done	

Please tick one of the boxes below

I am providing this sample as part of my annual/ diabetes/ kidneys/blood pressure review (early morning sample requested for urine albumin)

Is this a repeat or requested sample?

If yes, who requested the sample?

I think I may have a urine infection

How long have the symptoms been present?

PLEASE BE AWARE WE DO NOT PERFORM A URINE DIP TEST ON ALL SAMPLES GIVEN IN TO RECEPTION

Please tick the boxes that apply to you

Have you had antibiotics for a urine infection in the past 6 months?	
If Yes, how many?	

Burning pain upon passing urine		Kidney pain /tender lower back	
Urine is cloudy		Fever over 38 degrees	
Passing urine more often at night		Confusion	
Blood in the urine		New Frequency	
Lower abdominal pain		New Urgency	

Are you pregnant?	
When was your last period?	
Do you have a catheter	

**IF YOU HAVE BEEN EXPERIENCING SYMPTOMS FOR MORE THAT 3 MONTHS,
THE DOCTORS HAVE REQUESTED YOU
BOOK AN APPOINTMENT TO HAVE THIS REVIEWED**