*Victoria Surgery*

Urine Specimen Form

Date: Time: Full Name:

Address:-

Contact Number Date of Birth Registered GP:- Dr

Please circle answer:

|  |  |  |
| --- | --- | --- |
| Pain on urination | Y | N |
| Going to toilet more often | Y | N |
| Having to run to toilet | Y | N |
| Pain low down in stomach | Y | N |
| New back pain | Y | N |
| New confusion/altered behaviour | Y | N |
| Blood in urine | Y | N |
| New incontinence | Y | N |
| Catheter sample | Y | N |
| Have you had an UTI in the last 3 months | Y | N |
| Are you diabetic? | Y | N |
| Is your diabetes poorly controlled? | Y | N |
| Are you currently taking medication that decreases  the immune system? | Y | N |
| Are you Pregnant? If yes how many weeks? | Y | N |
| Date of last period? |  |  |
| Are you over 65 years old? | Y | N |
| Gender | F | M |

Allergies?

Are you presently on antibiotics?

(For Staff only)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | TRACE | + | ++ | +++ | ++++ |
| Glucose |  |  |  |  |  |
| Ketones |  |  |  |  |  |
| Leucocytes |  |  |  |  |  |
| Nitrates |  |  |  |  |  |
| Protein |  |  |  |  |  |
| Blood |  |  |  |  |  |

MSSU to lab: - YES ( ) NO ( )

Signature

Antibiotics prescribed YES/NO GP Initals