TODAY’S DATE:

NAME:

DOB:

CONTACT TELEPHONE NUMBER – Home: Mobile:

WHAT IS THE REASON FOR BRINGING THIS SAMPLE IN TODAY?................................................

DID THE DOCTOR ASK YOU TO BRING IN SAMPLE? Y/N

IS THERE ANY CHANCE YOU COULD BE PREGNANT? Y/N

SYMPTOMS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How long have you had symptoms? | Less than 1 day | 1-3 days | 4-7 days | Greater than 7 days |
| Frequency-do you feel the need to pass urine more than usual? | Yes | No |  |  |
| Dysuria-do you have burning/pain on passing urine? | Yes | No |  |  |
| Haematuria-have you noticed any blood in your urine? | Yes | No |  |  |
| Have you had any back/kidney pain? | Yes | no |  |  |
| Have you had a temperature? | Yes | No |  |  |
| Are you allergic to any medication? | Yes-?what | No |  |  |

You will be contacted about the results of your urine tests.

If symptoms are not severe, it may be advisable to wait for the sample to come back from the labs before making a decision about whether to start antibiotics.

If you have not heard anything within 2 days, please contact reception.