**VICTORIA ROAD SURGERY VICTORIA ROAD SURGERY**

**50 VICTORIA ROAD WORTHING BN11 1XE 50 VICTORIA ROAD WORTHING BN11 1XE**

**Telephone: (01903) 230656 Telephone: (01903) 230656**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Home Number** |  |
| **Mobile Number** |  |

**PLEASE COMPLETE THIS QUESTIONAIRE ABOUT YOUR URINE SAMPLE**  **PLEASE COMPLETE THIS QUESTIONAIRE ABOUT YOUR URINE SAMPLE**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Home Number** |  |
| **Mobile Number** |  |

**REASON FOR BRINGING URINE SAMPLE REASON FOR BRINGING URINE SAMPLE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TICK** |  | **TICK** |
| **May have urine infection** |  | **Diabetes check** |  |
| **Asked by Doctor** |  | **Blood pressure check** |  |
| **Asked by Nurse** |  | **Catheter urine** |  |
| **Other** |  |  |  |

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|  | **TICK** |  | **TICK** |
| **May have urine infection** |  | **Diabetes check** |  |
| **Asked by Doctor** |  | **Blood pressure check** |  |
| **Asked by Nurse** |  | **Catheter urine** |  |
| **Other** |  |  |  |

**What symptoms are you suffering from? What symptoms are you suffering from?**

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| --- | --- | --- | --- |
|  | **TICK** |  | **TICK** |
| **Burning or Stinging** |  | **Urgency to pass water** |  |
| **Passing urine frequently** |  | **Vomiting** |  |
| **Pain in the stomach** |  | **Blood in urine** |  |
| **Pain in the back** |  | **Confusion** |  |
| **Fever/shakes** |  | **Other** |  |

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| **Burning or Stinging** |  | **Urgency to pass water** |  |
| **Passing urine frequently** |  | **Vomiting** |  |
| **Pain in the stomach** |  | **Blood in the urine** |  |
| **Pain in the back** |  | **Confusion** |  |
| **Fever/shakes** |  | **Other** |  |

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| **How long have there been symptoms?** |  |
| **Known allergies to any antibiotics** |  |

|  |  |
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| **How long have there been symptoms?** |  |
| **Known allergies to any antibiotics** |  |

|  |  |
| --- | --- |
| **Possibility of being pregnant?** |  |
| **Taking the pill?** |  |
| **On period?** |  |

**Female Patients only Female Patients only**

|  |  |
| --- | --- |
| **Possibility of being pregnant?** |  |
| **Taking the pill?** |  |
| **On period?** |  |