**STUDHOLME MEDICAL CENTRE**

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| **URINE SAMPLE FORM:**  **Name: Date of Birth:** |
| **Address:** |

**We do not routinely test urine samples. We will only accept urine specimens at reception which:**

* Have been requested by one of our GPs or minor illness nurse (we need to know who);
* Are accompanied by a completed Urine Sample Form from a hospital or health care professional or the patient has symptoms and has completed the form below:

**Form to Complete**

1. **Who at Studholme has requested this sample?**
2. **Please give the reason for bringing in this urine sample?**

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| Pain on passing urine | **Yes / No** |
| Passing urine more frequently | **Yes / No** |
| Pass a lot of urine | **Yes / No** |
| Pain in lower abdomen | **Yes / No** |
| Sudden urge to pass urine | **Yes / No** |
| Cloudy or smelly urine | **Yes / No** |
| Have a Temperature | **Yes / No** |
| Back pain | **Yes / No** |
| Vaginal Itching or discharge | **Yes / No** |
| Blood in urine | **Yes / No** |
| I am a diabetic this is early morning specimen | **Yes / No** |
| It is second sample following treatment for urine infection. | **Yes / No** |
| Sample to be checked for sugar | **Yes / No** |
| Other reason |  |

**Do you use a Catheter? YES / NO**

**ARE YOU PREGNANT? YES /NO**