Opmaat
Huisartsenpraktijk

Name : **M / F**

Date of birth:

FILL IN THE FORM COMPLETELY !!!

Questionnaire for the urine test.

At what time did you collect the urine?.....

Do you think you have a bladder infection? ○ Yes ○ No ○ Perhaps

How long have you had any complaints ?.....

Have you had a bladder infection in the last year ? ○ Yes / ○ No

As a check-up after course of antibiotics?

Because you want(male-only) to check for a venereal disease (STD) ?

Can you tick what complaints you have:

	Yes	No
Pain or burning while urinating	○	○
Frequent urination or small amounts of urina	○	○
Pain in the lower abdomen or back	○	○
A fever (above 38 °C)	○	○

Can you answer the following qustions:	Yes	No
Do you feel sick ?	○	○
Do you have a catheter?	○	○
Do you have a bladder or kidney disease?	○	○
Do you have diabetes?	○	○
Do you have an allergy to antibiotics?	○	○

if so, for which medicine ?.....

Do you unintentionally leak urine (incontinence) ?	○	○
If so, would you like to make an appointment with your g.p for this?		

Questions for women:

Do you have vaginal complaints or unusual discharge ?	○	○
Are you menstruating right now ?	○	○
Are you pregant?	○	○

Questions for men:

Do you have discharge from the penis?	○	○

Ask for childeren under 12 years old:

Weight .....KG

<u>Do you give permission for a culture if medically necessary?</u>

(The cost can be up to €70) Yes ○ NEE ○

Urinestick; *eiwit (alb) suiker (red) nitriet leuco sang ket PH HCG bili urobil*

Dipslide (Uricult); *CLED (groen):* *MacConkey (rood) :*

Sediment;

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