

Questionnaire for patients with suspected UTI

In order for your sample to be processed quickly and efficiently please complete this form fully and hand it in to Reception, or give to a clinician with your urine sample.

The sample handed in should be a mid-stream urine sample and not contaminated with other bodily fluids.

If you do not have the sterile sample pot used by the surgery you will have to decant the sample into the appropriate container, which you can obtain from reception. PLEASE DO NOT DO THIS IN RECEPTION, USE THE PATIENT WC.

Full Name:.....Date of birth: / /

Date and time of sample:.....

Contact telephone number:.....

Do you have any of the following symptoms? (please tick)

Burning/pain/discomfort on passing urine	Increased frequency (need to go to the toilet more often)	
Fever (feeling hot and cold)	Being unable to pass urine	
Blood in urine	Increased confusion	
Urgency (needing to go in a hurry)	Mobility becoming worse than normal	
New incontinence	Back pain (loin)	
Dark coloured urine	Strong offensive odour to urine	
Urine looks cloudy	Feeling generally unwell	

When did your symptoms start?:.....

Is there a chance you could be pregnant? (YES/NO)

The urine sample will be tested in the surgery and sent to the laboratory at Salisbury District Hospital if any signs of infection are found. If nothing abnormal is detected the sample will not be sent to the laboratory and you may not be phoned.

If symptoms persist, or get worse, please book an appointment with the GP.