



Brunston Surgery
Cinderhill Coleford GL16 8HJ
Tel: 01594 833255 Fax: 01594 810971

Lydbrook Health Centre
Upper Lydbrook GL17 9LG
Tel 01594 860219 Fax 01594 860987

Urine Sample questionnaire

Patient Name _____ DOB _____

Contact telephone no. _____

Person bringing in sample:

Patient / parent / carer/ other please specify:

Has a member of the practice requested the sample? NO/YES

If **yes** please specify: _____

To assist us, please answer the following questions. If you are not the patient, please answer on their behalf.

Urine Symptoms:	Yes	No
Urine being passed more often than usual?		
A feeling/urgency to pass urine?		
Difficult to pass urine?		
Pain or burning when passing urine?		
Other Symptoms:		
Abdominal/stomach pain?		
Back ache/pain?		
Raised temperature/fever symptoms		
Is patient pregnant?		
How long has patient had symptoms?		
Any other symptoms?		