



Form concerning examination of urine

Urine tests are reliable if:

<input type="checkbox"/>	An official urine jar has been used (via practice / pharmacy).
<input type="checkbox"/>	Urine has been in bladder for at least 4 hours
<input type="checkbox"/>	You urinate first in toilet and then in a jar
<input type="checkbox"/>	The jar is filled up to half
<input type="checkbox"/>	Urine did not pass the skin , while being collected (spread labia/ retreat foreskin)
<input type="checkbox"/>	Urine is kept in the refrigerator
<input type="checkbox"/>	Urine is taken maximum 24 hours ago

Reason: bacteria living on skin need no treatment. And an eventual cultivation of urine will cause costs.

If reliable urine surrendered, fill in the rest of questionnaire form:

Name		
Date of birth		Under 12 years old
Email address		
Telephone number		
Genus	<input type="radio"/> female	<input type="radio"/> male
Are you pregnant?	<input type="radio"/> no	<input type="radio"/> yesweeks
Do you suffer of Diabetes?	<input type="radio"/> no	<input type="radio"/> yes
Do you have a urinary catheter?	<input type="radio"/> no	<input type="radio"/> yes
Have you ever had abnormalities in urinary tracts or kidneys?	<input type="radio"/> no	<input type="radio"/> yes
Are you using Prednis(ol)on, anti-rheumatic medication, chemotherapy or medication against HIV?	<input type="radio"/> no	<input type="radio"/> yes
Have you had pain in the back or flank since these urination problems?	<input type="radio"/> no	<input type="radio"/> yes
Do you have a fever? (temp above 38 degrees Celsius)	<input type="radio"/> no	<input type="radio"/> yes
Are you sick?	<input type="radio"/> no	<input type="radio"/> yes
Do you have chills?	<input type="radio"/> no	<input type="radio"/> yes
Do you have an allergy to antibiotics?	<input type="radio"/> no	<input type="radio"/> yes, which medicine?
Do you have a chance of a sexual illness?	<input type="radio"/> no	<input type="radio"/> yes
Do you have pain when urinating?	<input type="radio"/> no	<input type="radio"/> yes
Should you urinate more often than usual?	<input type="radio"/> no	<input type="radio"/> yes
Have you previously had a bladder infection?	<input type="radio"/> no	<input type="radio"/> yes, when?
If yes; do you experience the same complaints?	<input type="radio"/> no	<input type="radio"/> yes
How long does the complaint exist?		
Do you lose urine?	<input type="radio"/> no	<input type="radio"/> yes
Question to woman: do you have your period right now?	<input type="radio"/> no	<input type="radio"/> yes