**GP: Maartens O / Muskens O**

**Name:**

**Sex: M / F**

**Date of birth:**

**Email address:**

**Mobile number:**

**Children up to 16 year: wight in kg \_\_\_\_**

You will receive the results of the urinalysis trough a message on Mijngezondheid.net and the MedGemak app or (for children under 16 years and/or caregivers) through a secured e-mail.

**Tick ​​all that apply**

|  |  |  |
| --- | --- | --- |
| **What are the most pressing complaints (maximum 6)?** | **Yes** | **No** |
| Do you have pain or a burning sensation while urinating? | O | O |
| Do you have to urinate more often than usual? | O | O |
| Do you have the urge, but are you unable to urinate? | O | O |
| Do you have pain in the (lower) abdomen and/or side? | O | O |
| Do you have blood in your urine? | O | O |
| Do you have severe pain attacks (colic pain)? | O | O |
| Do you have a fever (higher than 38 degrees Celsius)? | O | O |
| Do you have chills? | O | O |
| Do you feel confused? | O | O |
| Do you recognize the symptoms of a previously proven bladder infection? | O | O |
| Do you have other complaints? | O | O |
| If yes, which complaints: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |
| **Additional questions:** | **Yes** | **No** |
| Do you have a bladder catheter? | O | O |
| Have you ever had kidney stones? | O | O |
| Do you have a (congenital) abnormality of the kidney(s)? | O | O |
| Do you use cytostatic/biologicals? | O | O |
| Do you have diabetes? | O | O |
| Do you have any allergies and/or sensitivities to antibiotics? | O | O |
| If yes, which antibiotic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Have you been treated with an antibiotic for urinary tract infection? | O | O |
| How often have you been treated in the last year? \_\_\_times/not applicable |  |  |
| Could there be a sexually transmitted disease (STD)? | O | O |
|  |  |  |
| **Additional questions for women:** | **Yes** | **No** |
| Are you currently on your period? | O | O |
| Are you pregnant? | O | O |
| If yes: duration of pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Are you breastfeeding? | O | O |
| Is there (increased) vaginal discharge and/or itching? | O | O |

Do you agree that, if necessary and only after the advice of the GP, the urine is cultured? PLEASE NOTE: the urine culture test will be charged; these costs are deducted from your insurance contribution. **I agree/disagree** (circle as appropriate)