



Biomnis

Clinical Information Form Kidney and Ureteral stones

INTERNATIONAL DIVISION

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REFERRING PHYSICIAN/LABORATORY

Name:
Address:
Post code: [][][][][][] City: Country:
Tel.: [][][][][][][][][][][] Fax: [][][][][][][][][][][]

PATIENT DETAILS

First name(s): Surname:
Maiden name: Gender: M F
Date of birth: [][][][][][][][][][]

INFORMATION ON THE PATHWAY OF URINARY STONES

Location: Kidney Urethra Ureter Bladder Filtered urines Unknown
Elimination mode: Spontaneously discharged Surgical Lithotripsy Unknown
History: 1st stone Recurrence Unknown

CLINICAL INFORMATION

Weight : kg Height: : cm

<input type="checkbox"/> Overweight/Obesity	<input type="checkbox"/> Renal failure
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Hyperparathyroidism
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Phosphate diabetes
<input type="checkbox"/> Type II diabetes	<input type="checkbox"/> Cystinuria
<input type="checkbox"/> History of urinary tract infections	<input type="checkbox"/> Prostate adenocarcinoma
<input type="checkbox"/> Urinary tract abnormality:	<input type="checkbox"/> Bariatric surgery (bypass, gastric band, ...)
<input type="checkbox"/> Pancreatic or Digestive illnesses	<input type="checkbox"/> Gout
<input type="checkbox"/> Autoimmune disease :	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other chronic diseases to report :	

CURRENT OR PAST TREATMENTS

<input type="checkbox"/> Anti-infectives over long periods, antibiotics, tritherapy :	<input type="checkbox"/> Intestinal adsorbents taken over long periods
<input type="checkbox"/> Triamterene, Isobar®, Prestole® (diuretic)	<input type="checkbox"/> Food supplements (amino acids, carnitine, Vitamins, calcium,...) :
<input type="checkbox"/> Topiramate, Epitomax® (antiepileptic)	<input type="checkbox"/> Other long-term treatment :
<input type="checkbox"/> Acetazolamide, Diamox®	
<input type="checkbox"/> Allopurinol, Zyloric®	
<input type="checkbox"/> Bicarbonate	<input type="checkbox"/> Unknown