

Kidney Stone Analysis

Patient information	
Name:	Date of birth:
Sex:	Patient ID:
Date of analysis:	
Medical history	
History of kidney stones: Yes No	
If yes, list previous occurrences:	
Family history of kidney stones: Yes No	
If yes, list affected relatives:	
Current medications	
Dietary habits	
Type of analysis used	
X-ray diffraction (XRD)	Thermogravimetric analysis (TGA)
Polarizing microscopy	Scanning electron microscopy (SEM)
Spectroscopy*	Chemical analysis
*Specify type:	Other:

Stone characteristics and composition

Type of stone:

Calcium oxalate

Calcium phosphate

Uric acid

Cystine

Struvite

Protease-related

Other:

Number of stones:

Stone size/s:

Consistency:

Color:

Surface texture:

Other details:

Composition details

Calcium oxalate: _____%

Struvite: _____%

Calcium phosphate: _____%

Cystine: _____%

Uric acid: _____%

Protease-related: _____%

Other: _____%

Specify:

Remarks:

Additional notes

Assessor's name:

Signature: