

Before proceeding to GI history taking form, please read the following Notes:

Patients with gastrointestinal pathology can present with a wide variety of symptoms including but not limited to nausea, vomiting, abdominal pain, abdominal distension, weight loss and jaundice. **The SOCRATES acronym** (explained below) is a useful tool that you can use to explore each of the patient's presenting symptoms.

Key gastrointestinal symptoms

Upper gastrointestinal symptoms include

- **Jaundice**: yellowing of the skin/sclera and dark urine. **Causes include** hepatitis, liver cirrhosis and biliary obstruction (e.g. gallstone, pancreatic cancer).
- **Aphthous ulceration**: round or oval ulcers occurring on the mucous membranes inside the mouth. Aphthous ulcers are typically **benign** (e.g. due to **stress or mechanical trauma**), however, they can be associated with **iron, B12 and folate deficiency as well as Crohn's disease**.
- **Vomiting**: a common symptom of many gastrointestinal disorders including infections (e.g. gastroenteritis), gastro-esophageal reflux disease (GORD), pyloric stenosis (projectile non-bilious vomiting), bowel obstruction (typically bilious), gastroparesis (e.g. secondary to diabetes), pharyngeal pouch and esophageal stricture (vomit containing undigested food).
- **Hematemesis**: the vomiting of blood which can be **fresh red in color** (e.g. **Mallory-Weiss tear, esophageal variceal rupture**) or **coffee ground** in appearance (e.g. gastric or duodenal ulcer).
- **Gastro-esophageal reflux**: backflow of the stomach's contents into the esophagus secondary to lower esophageal sphincter incompetence. Patients typically describe **epigastric discomfort which is burning in nature**.
- **Dysphagia**: difficulty swallowing which may affect solid food, liquids or both depending on its severity (e.g. esophageal cancer).
- **Odynophagia**: pain during swallowing which may be associated with **esophageal obstruction** (e.g. stricture) or **infection** (e.g. esophageal candidiasis).

Lower gastrointestinal symptoms include

- **Abdominal pain**: may be **localized** (e.g. right iliac fossa in appendicitis) or **generalized** (e.g. spontaneous bacterial peritonitis).
- **Abdominal distension**: associated with a wide range of gastrointestinal pathology including **ascites, constipation, bowel obstruction, organomegaly and malignancy**.
- **Constipation**: causes include **dehydration, reduced bowel motility** (e.g. autonomic neuropathy) and **medications** (e.g. opiates, ondansetron, iron supplements).
- **Diarrhea**: causes include **infection** (e.g. C.difficile), **irritable bowel syndrome, inflammatory bowel disease, medications** (e.g. laxatives), **constipation** (with overflow) and **malignancy**.
- **Steatorrhea**: the presence of excess fat in feces causing them to appear pale and be difficult to flush. Causes of steatorrhea include **pancreatitis, pancreatic cancer, biliary obstruction, coeliac disease and medications** (e.g. Orlistat).
- **Melaena**: dark, tar-like sticky stools containing digested blood secondary to **upper gastrointestinal bleeding** (e.g. peptic ulcer).
- **Hematochezia**: fresh red blood passed per rectum which may be caused by **hemorrhoids, anal fissures and lower gastrointestinal malignancy**.

Systemic symptoms include

- Anorexia
- Weight loss (e.g. malabsorption, malignancy)

- Nausea
- Fatigue
- Fever (e.g. intrabdominal infection)
- Pruritis (e.g. cholestasis)
- Confusion (e.g. hepatic encephalopathy).

Name _____, Age _____, Male ☐ Female ☐
 Single ☐ Married ☐ Divorced ☐ Widow ☐ Lives in _____
 Works as _____, Pt was admitted via _____ on _____ day
 time _____. History was taken by me _____, a 4th year med student on _____ day
 time _____.

Chief Complaint: (use pt's own words + Clarify, Precise and concise).

- 1) _____ for duration _____
- 2) _____ for duration _____
- 3) _____ for duration _____

HPI: we start our analysis depending on the chief complain itself:

Mouth symptoms: Bad breath, Dry mouth, altered taste sensation, foul taste in the mouth.

Anorexia and weight loss:

Ask about appetite.

Do you still enjoy your food?

Have you lost weight? How much and over what time?

Pain:

Painful mouth:

ask about any sores in the lips or inside the mouth **هم بحكولها "حمو" بالعامية**

ask about deficiencies or chemotherapy.

Heartburn and reflux (apply SOCRATES) بتحس بحرقة بالمعدة؟

Site: retrosternal

character of pain: burning

radiation: upward

precipitating factors: lying flat or bending forward.

associated symptoms: waterbrash **بتحس في لعاب في الفم بيزيد فجأة زي لما تشوف ليمونة**

taste of acid

Dyspepsia عسر الهضم

Ask about:

- site of pain
- character of pain
- exacerbating and relieving factors, such as food and antacid
- associated symptoms, such as nausea, belching, bloating and premature satiety

Odynophagia

Do you feel any pain on swallowing?

Is it associated with dysphasia?

Abdominal pain

Site ask the patient to put his finger in the area where he feels pain., Localized ☐/
Generalized ☐ Onset: gradual ☐/sudden ☐, while doing _____
_____ if gradual, rate of development _____

Character dull or sharp? Lasts for seconds or minutes or hours? *colic pain = مغص*

Radiation to shoulders, back, intrascapular region, Rt. iliac fossa, groin and genitalia...

Constitutional symptoms: fever ☐, chills ☐, rigors ☐, weight loss ☐, Fatigue ☐,
night sweating ☐, _____

Timing: duration of _____ since onset, pattern is episodic ☐/ continuous ☐

if episodic: duration of attack _____, Frequency (every how many) _____

course: progressive ☐ (changes in severity) _____

specific diurnal variations _____

Exacerbated by and relieved by: what happens to the pain with: movement? Coughing?

Eating certain foods(spicy)? smoking? Drinking? Stress? Drugs?

Severity (0-10) Relieved by drugs like opioids or not?

Dysphagia

Ask about:

onset: recent or longstanding

difficulty swallowing solids, liquids or both?

nature: intermittent or progressive

any associated pain (odynophagia), heartburn or weight loss

any regurgitation or reflux of food or fluid

the level the patient feels food sticks at.

Nausea and vomiting

Ask about:

relation to meals and timing, such as early morning or late evening

associated symptoms, such as dyspepsia and abdominal pain, and whether they are relieved by vomiting.

whether the vomit is bile-stained (green), blood-stained or feculent.

associated weight loss

the patient's medications.

Any chronic disease?

Wind and Flatulence

Any belching, excessive or offensive flatus, abdominal distension and borborygmi (audible bowel sounds)

Abdominal distension

Ask about: Diet? Bowel obstruction and constipation? Pregnancy? Persistent distention or develop during the day and resolves overnight?

Altered bowel habits

Diarrhea

- **onset of diarrhea:** acute, chronic or intermittent
- **stool:** frequency / volume / color / consistency: watery, unformed or semisolid / contents: red blood, mucus or pus
- **Associated features:** urgency, fecal incontinence or tenesmus (the sensation of needing to defecate, although the rectum is empty), abdominal pain, vomiting, sleep disturbance.
- **recent travel and where to**
- **recent medication, in particular any antibiotics.**

Constipation

- **onset:** lifelong or of recent onset
- **stool frequency:** how often the patient moves their bowels each week and how much time is spent straining the stool.
- **shape of the stool:** for example, pellet-like
- **associated symptoms,** such as abdominal pain, anal pain on defecation or rectal bleeding
- **drugs that may cause constipation.**

Bleeding

Hematemesis vomiting of blood

Ask about:

Color: is the vomitus fresh red blood or dark brown, resembling coffee grounds?

Onset: was hematemesis preceded by intense retching or was blood staining apparent in the first vomit?

History of dyspepsia, peptic ulceration, gastrointestinal bleeding or liver disease.

Alcohol, non-steroidal anti-inflammatory drugs (NSAIDs) and glucocorticoid ingestion.

Melaena: passage of shiny black stool

Rectal bleeding mixed with stool or seen on toilet paper?

Jaundice

Ask about:

associated symptoms: abdominal pain, fever, weight loss, itching

color of stools (normal or pale) and urine (normal or dark)

alcohol intake

travel history and immunizations

use of illicit or intravenous drugs

sexual history

previous blood transfusions

recently prescribed drugs

Groin swellings and lumps

Ask about:

associated pain

precipitating/exacerbating factors, such as straining due to chronic constipation, chronic cough, heavy manual labor and relationship with micturition

timing: when the symptoms are worse?

Hx of similar complaint _____

Ask about risk factors, Pertinent positives and negatives, All the relevant system's symptoms, and relevant past medical and social history_____

ROS:

General:

- ☐ Well-being: _____, ☐ Sleep: _____
☐ Appetite: _____, ☐ Mood: _____
☐ Energy: _____, ☐ Wt change __KG to __KG within _____

CVS

- ☐ Chest pain _____, ☐ Palpitations: rate _____ rhythm _____
☐ Breathlessness: _____ gradual/sudden, precipitating factors _____
Orthopnea, relieved by _____ pillows frequency _____, duration _____, Syncope _____
PND around time _____ exercise effect worsen/ better / no change
on minimal effort like _____ ☐ Pain on walking (claudication) yes/no
NYHA CLASS _____ distance _____, relieved on rest? _____
CANADIAN CLASS _____ unilateral/bilateral, location _____
Ankle swelling _____

RS (always ask about duration + frequency + consistency + onset + progression)

- ☐ Shortness of breath ☐ Cough (Dry, productive), Sound _____
☐ Sputum (serous/mucous/purulent/rusty), timing (day/night), associated symp. _____
amount _____, smell+color+taste _____ exac/relieving _____
blood _____, masses _____ ☐ Hemoptysis _____
☐ Wheezes (on insp/expir), (persistence/not) ☐ Chest pain when inspi/coughing? ☐ Hoarseness
(at night/on wakening) ☐ Stidor (inspi/expir)

- ☐ Change in bowel movements _____ normal
habit was _____ times daily, changed to _____
☐ Change of color of stool to _____, Consistency of stool _____
☐ Diarrhea ☐ Constipation ☐ Blood in stool ☐ _____

URO

Irritative symptoms: ☐ Frequency ☐ Nocturia ☐ Urgency

Obstructive symptoms: ☐ Retention ☐ Hesitancy/Straining ☐ Poor stream ☐ Terminal
Dribbling ☐ Feeling of incomplete voiding

Abnormal Voiding: ☐ Dysuria ☐ Hematuria (Initial/Terminal/Total)

Volume: ☐ Polyuria ☐ Oliguria

Competence: ☐ Incontinence (Stress/Urge/Overflow)

Genital-Men

- ☐ Urethral discharge ☐ Erectile difficulties

Genital-Women

- ☐ Last menstrual period _____, timing and regularity _____
☐ Abnormal bleeding _____, ☐ Vaginal discharge _____
☐ Contraception _____

☐ Pain during intercourse _____

Endocrine

☐ Heat or cold intolerance ☐ Excess thirst (polydipsia) ☐ Change in sweating

Musculoskeletal

☐ joint pain ☐ stiffness ☐ swelling of joints ☐ limited range of motion in particular joint _____

☐ Falls, Why _____, associated with _____, trauma? _____

Nervous

☐ Headache, when _____ why _____ associated with _____

☐ Dizziness, vertigo? _____ Light-headedness? _____, _____

☐ fainting _____, ☐ Fits _____

☐ altered sensations (tingling, burning, pins) ☐ Weakness _____

☐ Visual disturbances _____, ☐ hearing problems _____

☐ Memory and concentration _____

Other

☐ Bleeding _____

☐ Skin Rash

Past Medical and surgical Hx

- Chronic illnesses (Illness+Controlled/Not controlled+Followups+Complications)_____
- Blood transfusions _____
- Admissions/Clinic Visits/ER Visits

| Where | When | Why | Length of stay |
|-------|------|-----|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- Surgeries/Procedures

| When and Where | Indication | Length of stay | Complications |
|----------------|------------|----------------|---------------|
| | | | |
| | | | |
| | | | |

Drug Hx

[illegible]

Allergies and symptoms _____

Remedies/Herbs _____

OTC _____

Compliance to each _____

Family Hx

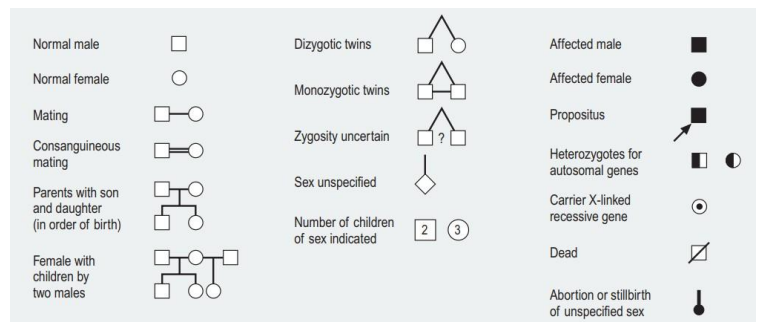
Dad living/Died of _____ at age of _____

Mom living/Died of _____ at age of _____

Documented illnesses _____

Similar complains _____

Pedigree:



Social Hx

Exercise _____, diet _____, homing _____

Pets _____

Travel _____

Sexual Hx _____

Smoking

☐ Smoker, _____ packs/day, for _____ years

☐ Ex-smoker, quit for/since _____

☐ Quite smoking since _____

☐ Passive smoker

Alcohol

CAGE: Cut down (1), Annoyed (1), Guilty (1), Eye opener (1)

☐ Regular drinker

☐ at occasions

how much?

Vaccination _____

Drug Abuse _____

Insurance _____

Who helps at home? _____