Gastrointestinal Assessment

Date: June 22, 2023

Patient's Name: Philippa Osborne

Examiner's Name: Dr. Jim Dixon

Do you have any gastrointestinal concerns or exhibit symptoms of possible gastrointestinal problems?

- [x] Yes
- [ ] No

If yes, please describe:

I feel stomach pain and cramps after eating. There hasn't been a day where I get a normal bowel movement. It's either diarrhea or constipation.

HISTORY

Have you had any changes in appetite or food intake?

- [ ] Yes
- [x] No

If yes, please elaborate and mention what you typically eat during a 24-hour period:

Have you had any issues with a change in weight?

- [ ] Yes
- [x] No

If yes, please elaborate:

Do you have any difficulty with swallowing liquid or food (dysphagia)?

- [ ] Yes
- [x] No

If yes, please elaborate:

Do you have any food intolerance?

- [x] Yes
- [ ] No

If yes, which food and what are your reactions to it?

I get diarrhea when I drink coffee, eat fatty food, or consume dairy.

Do you recently have bouts of nausea, vomiting, heartburn, ulcers?

- [x] Yes
- [ ] No

If yes, please elaborate:

I have bouts of nausea especially after eating.

Please describe your last bowel movement. Are there any changes in your stool? Do you pass gas?

Yes, I pass gas. The last bowel movement I had was 3 days and it was watery.

Do you have constipation or diarrhea problems?

- [x] Yes
- [ ] No

If yes, has it been a long-term problem? How rarely/often do you have a bowel movement? Please describe your stool.

I have been experiencing this for the past two years. Whenever I get diarrhea, I have bowel movements more than 3 times a day depending on what I eat and I usually have a watery stool. When I am constipated, I don't have a bowel movement for a maximum of 4 days.

Please write down any past gastrointestinal disease you were diagnosed with along with the treatment, if applicable.

None.

What medications are you currently taking?

None.

Do you consume alcohol, coffee, cigarettes or recreational drugs? If yes, how often and how many?

Yes. I consume coffee 2, sometimes 3 times a day but only one cup. I drink alcohol on occasion

INSPECTION NOTES:

No abnormal inspection findings.

AUSCULTATION NOTES:

There are gurgling sounds present in the stomach.

PALPATION NOTES:

There's a tenderness in the lower left quadrant.

PERCUSSION NOTES:

Tympanitic sound present.

OTHER NOTES:

Patient's Signature: Philippa Osborne

Examiner's Signature: Dr. Jim Dixon