

Gastrointestinal Assessment

Date:

Patient's name:	Age:
Gender:	Sex:
Examiner's name:	
Examiner's signature:	
Interview	
Have you ever been diagnosed with a gastrointestinal (GI), kidney, or bladder condition? If yes, elaborate on the condition and treatment.	
Have you had abdominal surgery? If yes, elaborate on the surgery and complications (if there were any).	
Are you currently taking any herbs, medications, or supplements? If yes, list them down.	
Do you have abdominal pain? If yes, elaborate on the associated symptoms, onset of the pain, location of the pain, aggravating factors, alleviating factors, treatment, effect, and severity of the pain.	
Have you had any issues with vomiting, nausea, heartburn, food intolerance, ulcers, and weight or appetite change? If yes, describe your experience and treatment of the symptoms. Also, mention what your typical diet has been for the past 24 hours.	
Do you have dysphagia or any difficulty swallowing liquids or food? If yes, describe your experience. Also, prior to this, have you been diagnosed with a stroke or transient ischemic attack (TIA)?	

When was your last bowel movement? Have there been any changes to your stool, and are you passing gas?

Have you had any issues with constipation or diarrhea? If yes, describe your experience, how long you've had either, and how you treated either?

- **If you had constipation, has it been a problem throughout your life? How frequently do you have a bowel movement?**
- **If you had diarrhea, were your stools watery or had some form to them? How many episodes did you have in the past 24 hours?**

Did you have dysuria or experience any pain or discomfort with urination? If yes, elaborate on the condition, whether the discomfort is internal or external, and did you use to treat the symptoms?

Do you urinate frequently? If yes, describe your condition and answer whether or not it occurs during the daytime or nighttime.

Do you ever experience urinary urgency or a strong urge to urinate that makes it harder to reach the bathroom on time? If yes, have you experienced urine leakage, and does the urge come and go, or is it continuous?

Do you have urinary incontinence or urine leakage when you cough, jump, or sneeze? Do you have difficulty starting the flow of urine? Have you tried to treat the issue? If yes, elaborate on this.

Other questions:

Inspection	
Asymmetry	Distension
Scars	Wounds
Skin breakdown	Pulsations
Visible peristalsis	
Notes:	
Auscultation	
Hypoactive bowel sounds	Hyperactive bowel sounds
Absent bowel sounds	
Notes:	
Palpation	
Pain on palpation	Guarding
Rigidity	Rebound tenderness
Masses noted that are not previously documented	
Notes:	
Genitourinary	
Pain on palpation	Guarding
Rigidity	Rebound tenderness
Masses noted that are not previously documented	
Notes:	

Critical conditions

Dysuria

Urinary frequency

Urinary urgency

Urinary retention

Dark or bloody urine, foul odor, or sediment present

Notes:**Additional notes**