

Introduction

- Introduce yourself
- Confirm name, DOB, address, ethnicity
- Ensure patient is comfortable
- Explain that you are going to ask some questions regarding their tummy pain
- Assure confidentiality
- OBTAIN CONSENT
- Begin

HPC

O: When did it begin? Was it gradual or sudden? Has it increased or decreased over time?

P: Using one finger, can you please point to where it hurts?, where does it hurt the most? Is the pain the same throughout the area?

Q: Could you please describe the pain e.g cramping, burning, crushing, stabbing, gnawing, throbbing, dull, sharp? Is it constant or does it come and go?

R: Does the pain go anywhere else?

S: How bad is the pain on a scale of 1-10? How has this pain affected your life (sleeping, eating, movement)

T: Does the pain follow a certain time of day? morning, lunch, night? Any time pattern? If so, how many times a day/night do you usually experience this pain? Is it related to eating? How long does the pain last?

U: Does anything you do make it better? or worse? Does that {what ever they do} still work? => Food, water, painkillers, herbal meds, massage, movement, change of posture

Associated signs and symptoms

GI

- Nausea + Vomiting
- Diarrhea/ Constipation
- Bleeding (hematemesis/melena)
- Abd Distention

Infx

- Fever, Malaise

Hepato Biliary

- Jaundice, Stool changes

Urological

- Dysuria, Oliguria or anuria

Psychological/Mental

- Anorexia, Bulimia, Pica

Malignancy

- Weight loss, fatigue, Loss of appetite, Change in bowel/bladder

Gynecological

- Last menstrual period, timing, amount of bleeding, discharge

PMH

- Have you had this before? Did you get checked for it?
- Have you ever stayed in the hospital (admitted)? Had any surgery or procedures done?
- Do you have any diseases such as problems with your cholesterol, diabetes, heart problems, kidney, HTN?



DH

- Are you currently taking any medicine? paracetamol, ibuprofen, antibiotics, contraceptives
- Is it prescribed or over the counter?
- { I am now going to ask some sensitive questions, they are important to help me figure out what is wrong } Do you take any recreational drugs such as marijuana, ice etc
- Do you have any allergies? What is the reaction you get?

FH

- Are your parents still alive? Do they have any illnesses? How did they pass away? How old were they?
- Are your siblings alive and well?
- Does anyone at home have the same illness?
- Are there any illnesses or conditions that you know of that run in your family?

SH

- Are you married?
- What do you do for work?
- What do your meals usually consist of? Do you have any diet restrictions? Have you recently eaten any raw/undercooked food? How often do you drink water?
- Do you drink alcohol? (dwell)
- Do you smoke? Does anyone at home smoke? (dwell)
- Did you recently travel anywhere? or overseas?
- How are your housing and living conditions? Water supply? Toilet? (dwell)

After

- Ask the patient if there is anything they might like to add that you have forgotten to ask
- Do they have any questions?
- Ideas, Concerns, Expectations

Conclusion

Thank patient and state hypothesis

