Abdominal Assessment Documentation

Assessment date: _____ dd / mm / yyyy Name: _____

Gender: _____ Date of birth: _____ dd / mm / yyyy

Age: _____

Address

Contact information: _____

PATIENT HISTORY

I. Medical history

II. Medications

III. Allergies

ASSESSMENT DETAILS

I. Reason for assessment

II. Pre-assessment preparations (if applicable)

ASSESSMENT RESULTS

I. Inspection

II. Auscultation

III. Percussion

IV. Palpation

OVERALL FINDINGS

Specify below

ADDITIONAL NOTES

Specify below

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____ License ID number: _____

Signature

Date: _____ dd / mm / yyyy