

Abdominal Exams

PATIENT INFORMATION

Full Name: _____ Date of Birth: _____ dd / mm / yyyy

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

General Appearance - Observations

General Appearance - Findings

General Appearance - Interpretation

Abdominal Contour - Observations

Abdominal Contour - Findings

Abdominal Contour - Interpretation

Abdominal Movement - Observations

Abdominal Movement - Findings

Abdominal Movement - Interpretation

Skin Appearance - Observations

Skin Appearance - Findings

Skin Appearance - Interpretation

Presence of Scars - Observations

Presence of Scars - Findings

Presence of Scars - Interpretation

Bowel Sounds - Observations

Bowel Sounds - Findings

Bowel Sounds - Interpretation

Vascular Sounds - Observations

Vascular Sounds - Findings

Vascular Sounds - Interpretation

General Tympany - Observations

General Tympany - Findings

General Tympany - Interpretation

Liver Span - Observations

Liver Span - Findings

Liver Span - Interpretation

Spleen Size - Observations

Spleen Size - Findings

Spleen Size - Interpretation

General Tenderness - Observations

General Tenderness - Findings

General Tenderness - Interpretation

Liver Border - Observations

Liver Border - Findings

Liver Border - Interpretation

Spleen - Observations

Spleen - Findings

Spleen - Interpretation

Kidneys - Observations

Kidneys - Findings

Kidneys - Interpretation

Other Masses - Observations

Other Masses - Findings

Other Masses - Interpretation

Additional Observations - Observations

Additional Observations - Findings

Additional Observations - Interpretation