Stomach Pain Chart

PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____ Date: _____ dd / mm / yyyy

Pain Location

- [ ] Upper Left
- [ ] Upper Middle
- [ ] Upper Right
- [ ] Lower Left
- [ ] Lower Middle
- [ ] Lower Right

Pain Intensity

- ◯ Mild
- ◯ Moderate

Pain Duration

- ◯ Short-term (Less than a day)
- ◯ Persistent (1-3 days)

Pain Character

- ◯ Dull
- ◯ Sharp
- ◯ Cramping
- ◯ Burning

Associated Symptoms

- [ ] Nausea
- [ ] Vomiting
- [ ] Fever
- [ ] Diarrhea
- [ ] Constipation
- [ ] Bloating

Potential Causes

- [ ] Indigestion: Discomfort in the upper abdomen
- [ ] Ulcer: Sores in the stomach lining
- [ ] Gallstones: Hardened deposits in the gallbladder
- [ ] Kidney Stones: Inflammation of the appendix
- [ ] Food Poisoning: Illness caused by consuming contaminated food
- [ ] Gastritis: Inflammation of the stomach lining
- [ ] GERD: Acid reflux into the esophagus
- [ ] Pancreatitis: Inflammation of the pancreas
- [ ] Gastroenteritis: Infection or irritation of the stomach and intestines

Notes

Doctor's Assessment

Recommended Treatment/Action:

Doctor's Signature:

Date: _____ dd / mm / yyyy