

Abdominal Assessment Documentation

Patient information	
Name:	Date of birth:
Gender:	Age:
Address:	
Contact information:	
Assessment date:	
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	
Additional notes	
Healthcare professional information	
Name:	License ID number:
Signature:	Date: