

# Abdominal Assessment Documentation

## Patient Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

## Chief Complaint:

## Observations:

Abdominal Contour:
Visible Lesions:
Bowel Sounds:
Tenderness:
Liver and Spleen:
Kidneys:
Abdominal Aorta:

## Assessment Findings:

## Plan:

**Follow-Up:**

**Healthcare Provider Signature:** \_\_\_\_\_