

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: _____