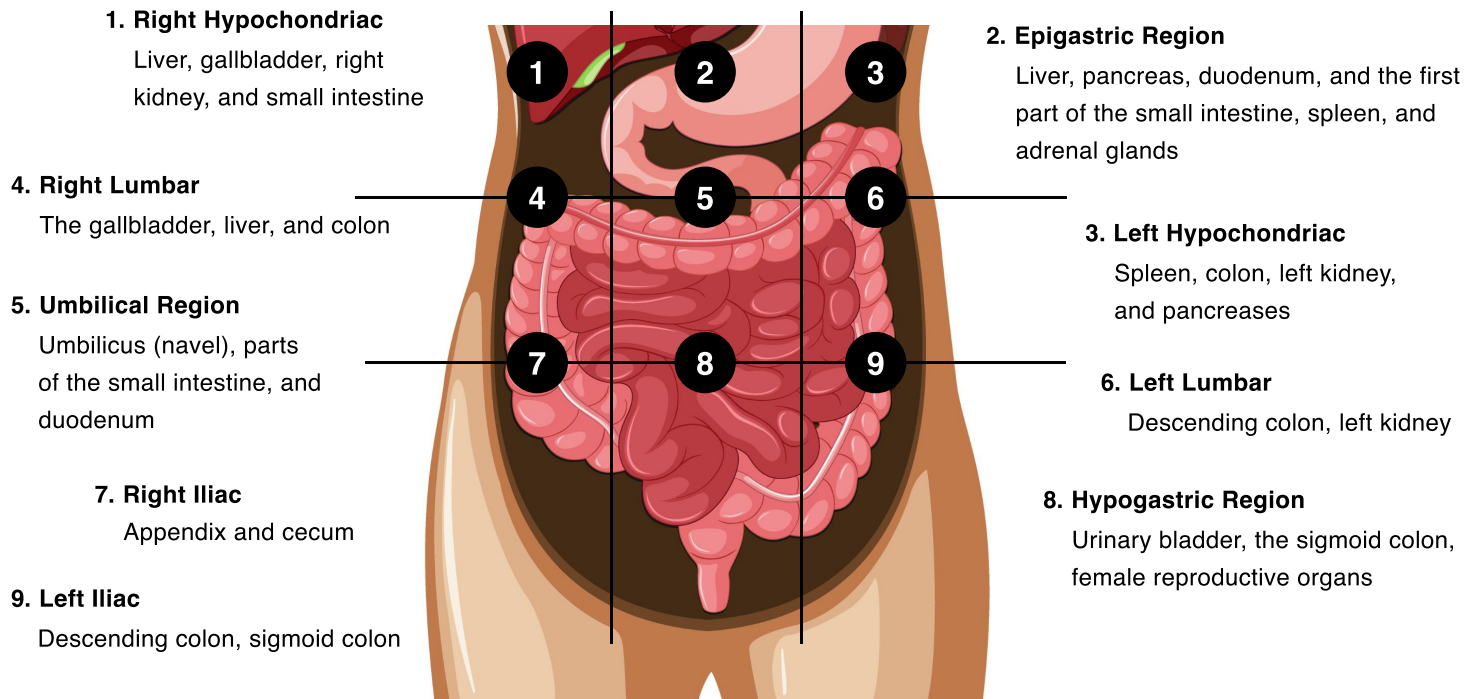


Abdominal Pain Chart

Name: _____ Date: _____

Physician's name: _____



Where is the pain located? _____

Notes: