Gallbladder Physical Exam

Patient Information:	
Name:	
Age:	Gender:
Chief Complain	nt:
History:	
Presenting syr	nptoms (e.g., right upper quadrant pain, nausea, vomiting, etc.):
Duration and fi	requency of symptoms:
Any known gal	llbladder-related conditions (e.g., gallstones, cholecystitis):
Relevant medical history (e.g., diabetes, obesity, previous abdominal surgeries):	
Medications:	
Physical Examination:	
General Appea	arance:
Vital Signs:	

Abdominal Inspection:
Palpation:
Murphy's Sign:
Hepatomegaly:
Spleen Examination:
Bowel Sounds:
Rebound Tenderness:
Costovertebral Angle (CVA) Tenderness:
Diagnostic Tests:
Assessment:
Plan:
Patient Education: