

Stomach Pain Chart

Patient Information

Name:

Age:

Gender:

Date:

Pain Location

- Upper Left
- Upper Middle
- Upper Right
- Lower Left
- Lower Middle
- Lower Right

Pain Intensity

- Mild
- Moderate
- Severe

Pain Duration

- Short-term (Less than a day)
- Persistent (1-3 days)
- Chronic (More than 3 days)

Pain Character

- Dull
- Sharp
- Cramping
- Burning

Associated Symptoms

- Nausea
- Vomiting
- Fever
- Diarrhea
- Constipation
- Bloating

Potential Causes

Cause	Description	Checkbox
Indigestion	Discomfort in the upper abdomen	<input type="checkbox"/>
Gastritis	Inflammation of the stomach lining	<input type="checkbox"/>
Ulcer	Sores in the stomach lining	<input type="checkbox"/>
GERD	Acid reflux into the esophagus	<input type="checkbox"/>
Gallstones	Hardened deposits in the gallbladder	<input type="checkbox"/>
Pancreatitis	Inflammation of the pancreas	<input type="checkbox"/>
Kidney Stones	Hard deposits formed in the kidneys	<input type="checkbox"/>
Appendicitis	Inflammation of the appendix	<input type="checkbox"/>
Gastroenteritis	Infection or irritation of the stomach and intestines	<input type="checkbox"/>
Food Poisoning	Illness caused by consuming contaminated food	<input type="checkbox"/>

Notes

Additional comments or observations can be noted here.

Doctor's Assessment

Diagnosis (if any):

Recommended Treatment/Action:

Doctor's Signature

Name:

Signature:

Date: