

Stomach Pain Chart

PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____ Date: _____ dd / mm / yyyy

PAIN LOCATION

Pain Location

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

PAIN INTENSITY

Pain Intensity

- Mild
- Moderate

PAIN DURATION

Pain Duration

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

PAIN CHARACTER

Pain Character

- Dull
- Sharp
- Cramping
- Burning

ASSOCIATED SYMPTOMS

Associated Symptoms

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

POTENTIAL CAUSES

Potential Causes

- | | |
|--|---|
| <input type="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: 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 | |

NOTES

Notes

DOCTOR'S ASSESSMENT

Doctor's Assessment

Recommended Treatment/Action:

Doctor's Signature:

Date: _____ dd / mm / yyyy