

# Gallbladder Physical Exam

Patient information		
Name:		
Date of birth:		
Date of exam:		
Symptom assessment		
Abdominal pain (nature and duration):		
Nausea:	Yes	No
Vomiting:	Yes	No
History of jaundice:	Yes	No
Other symptoms (e.g., fever, changes in bowel movements):		
General inspection		
Jaundice (yellowing of the skin/eyes):	Present	Not present
Abdominal distension:	Present	Not present
Visible masses or abnormalities:	Present	Not present
Other visual signs:		
Palpation		
Tenderness:	Yes	No
Guarding:	Yes	No
Masses:	Yes	No
Other findings:		
Murphy's sign		
Result:	Positive	Negative
If positive, note the presence of pain during inhalation:		

Additional observations:

**Exam conclusion/recommendations**

Based on the findings, the gallbladder exam indicates:

Further diagnostic tests recommended (if any):

Referral for specialist consultation (if necessary):

Physician name:

ID number:

Physician signature:

Date: