

Chest Pain Location Charts

PATIENT INFORMATION

Name:: _____ Date:: _____ dd / mm / yyyy

Patient ID:: _____ Healthcare provider:: _____

PAIN LOCATION

Upper chest:

- Left
- Center
- Right

Middle chest:

- Left
- Center
- Right

Lower chest:

- Left
- Center
- Right

Check all that apply:

- Retrosternal
- Interscapular
- Right lower anterior chest
- Epigastric
- Left lower anterior chest
- Shoulder
- Arms

NATURE OF PAIN

Check all that apply:

- Sharp
- Burning
- Dull
- Squeezing
- Stabbing
- Other

INTENSITY

Select one:: _____

DURATION

Select one:

- Less than 5 minutes 5 –15 minutes More than 15 minutes

ASSOCIATED SYMPTOMS

Check all that apply:

- Shortness of breath
- Nausea
- Dizziness
- Jaw pain
- Sweating

Arm pain; choose left or right:

- Left arm Right arm

TRIGGERING FACTORS

Check all that apply:

- Physical exertion
- Meals
- Emotional stress
- Resting
- Existing medical condition

Specify existing medical condition:

RELIEF MEASURES

Check all that apply:

- Rest
- Nitroglycerin
- Deep breathing
- Other

PREVIOUS EPISODES

Entry 1

Date:: _____ dd / mm / yyyy

Nature of pain:

Entry 2

Date:: _____ dd / mm / yyyy

Nature of pain:

Entry 3

Date:: _____ dd / mm / yyyy

Nature of pain:

ADDITIONAL NOTES

Specify below: