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: