PHYSICIAN SUPPLEMENTAL RECORD CHEST PAIN

PATIENT'S NAME:]	DATE:		AGE:	SEX: M / F
VITAL SIGNS: A1 BPCC5 TIME OF PAIN ONSE		A4 R _		A5 T			A7 WT[]Stated ENDER: []Yes []No
CC1 LOCATION OF PAIN:							
CC2 CHARACTER OF PAI	N: []sharp []burr	ning []pressu	re []crushing []	tearing []sque	ezing []dull		
RADIATION OF PAIN: []n		[]shoulder	[]left arm []righ	t arm []abdom	en		
CC3 SEVERITY: (0=none, 10	0=worse)						
MEDICATIONS TAKEN:						LERGIES	5:
CC7 PAIN MADE WORSE	BY: []eating []ex	ertion []breat	thing []supine []swallowing []movement []r	est	
CC7 PAIN RELIEVED BY:							
RELIEF WITH NITROGLY			No NUMBER N	TG TAKEN:	PAIN RET	URNED A	FTER NTG: []Yes []No
HOW INJURED: []no injury							
LOC HOW LONG:	TIME OF	INJURY:		CELVICE OF			
FELL FROM:	TO:		A DI	STANCE OF:			
						EID I	PITOPEGIA
[]PALPITATIONS	[]NAUSEA		-	JVOMITING	OFPREAMI		APHORESIS
[]DIZZINESS	[]TOOTHA	CHE	-]SHORTNESS	OF BREATH		UGH
[]CONGESTION	[]FEVER	TH DDE ATH	-]SYNCOPE	C.F.		IN WITH EXERTION
[]PAIN WITH COUGH []WEAKNESS	[]PAIN WI	ΓΗ BREATH	IING []PAIN AT RE	ST	[]PA	IN WITH EATING
RISK FACTORS:							
	RLIPIDEMIA		[]HYPERTEN	ISION	[]DIABETE	2 7	OBESITY
	TIVE FAMILY H		[]LACK OF E		[]DRUG US	_	JODESTIT
[]I OSI I	IVETAMILITI	1510K1	[]LACK OF E	ALKCISL	[]DROG OS	L	
PAST HISTORY:							
	T DISEASE	CHEST P	PAIN []MY	OCARDIAI I	NEARCT	[]PNEUM	MONIA
[]INDIGESTION []ULCE			HERNIA []HE				TRAUMA
	DISEASE		ARY ARTERY I		CROLKI	ПСПЕВТ	
[]Zerve	, DISE ISE	[]COROT	iii iiii iii ii	3111100			
[]EKG:		REA	D BY (IED PH	YSICIAN FIC	ARDIOLOGIS	Т ПОТНЕ	R
[]CHEST X RAY:							
[VENTILATION/PERFUSI							
[]CARDIAC ENZYMES:					•	.,	
[]ARTERIAL BLOOD GAS	ES: pH:	pCO ₂ :	pO ₂ :	HCO ₃ :	O ₂	Sat:	
	1	1 2	1 2	3			
DIFFERENTIAL DIAGNOS Chest wall strain, Costochondr Pleurisy, Esophagitis, Mitral v Intercostal muscle strain, Aorti Cholecystitis, Esophageal spas	ritis, Herpes zoste alve prolapse, Hi ic stenosis, Aortic	er, Angina, M atal hernia, D c dissection, 7	ysphagia, Traun Fracheobronchiti	na, Pneumonia s, Pneumomed	Pulmonary en	iboli, Pneu	mothorax, Rib fracture,
			NOTES				
Print Physician's Nan	ne		Physician's Si	gnature		-	Date