

Chest Pain Location Chart

Patient Information

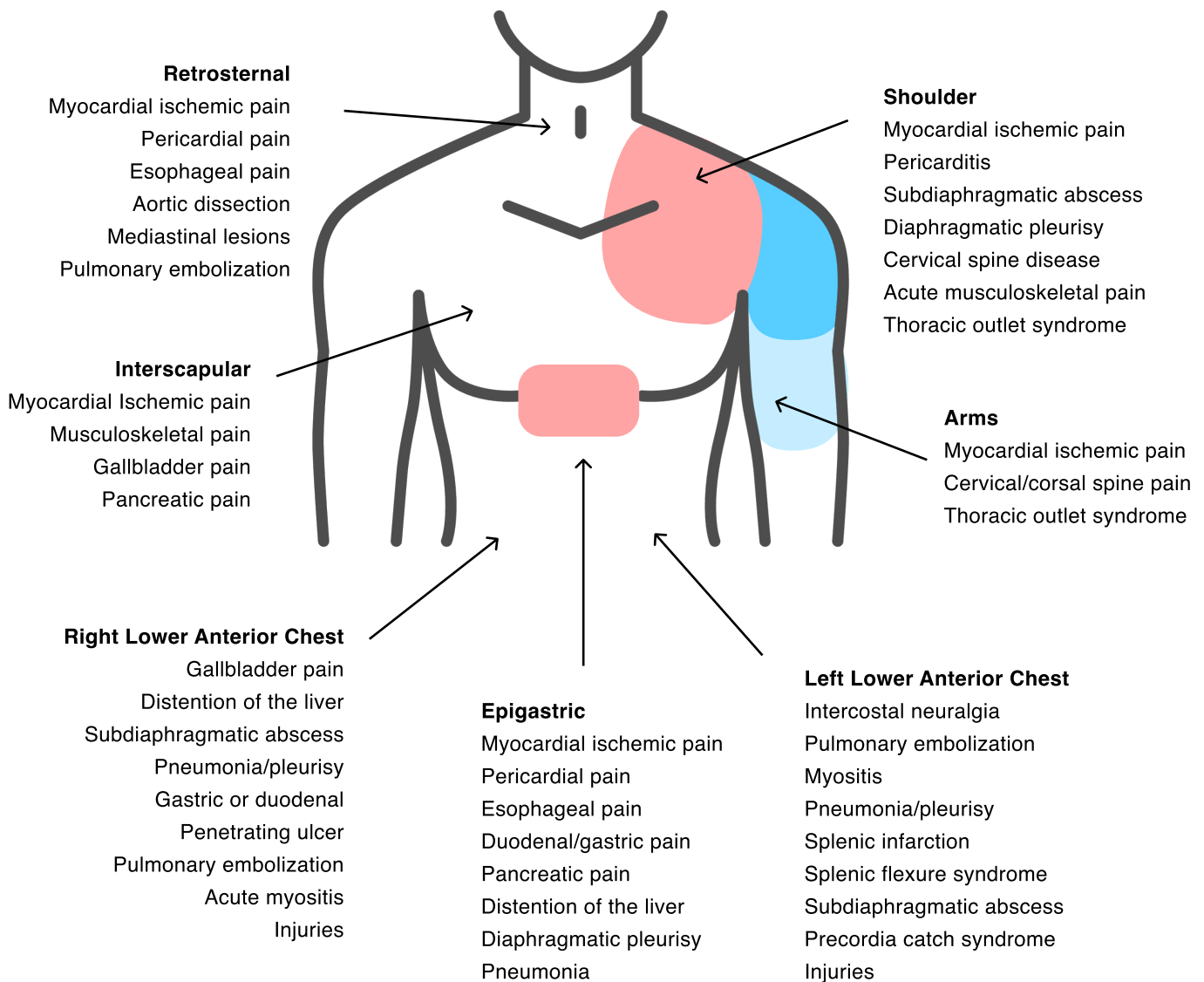
Name: _____ Date: _____

Patient ID: _____ Medical Provider: _____

Pain Location:

- **Upper chest:** ☐ Left ☐ Center ☐ Right
- **Middle chest:** ☐ Left ☐ Center ☐ Right
- **Lower chest:** ☐ Left ☐ Center ☐ Right

Mark the location of pain on the diagram below:



Nature of Pain:

☐ Sharp

☐ Dull

☐ Stabbing

☐ Burning

☐ Pressure

☐ Tightness:

☐ Other (please describe): _____

Intensity:

- ☐ Mild
☐ Moderate
☐ Severe

Duration:

- ☐ Less than 5 minutes
☐ 5-15 minutes
☐ More than 15 minute

Associated Symptoms:

- ☐ Shortness of breath
☐ Nausea
☐ Sweating
☐ Dizziness
☐ Arm pain: ☐ Left ☐ Right
☐ Jaw pain

Triggering Factors:

- ☐ Physical exertion
☐ Emotional stress
☐ Resting
☐ Meals

Relief Measures:

- ☐ Rest
☐ Nitroglycerin
☐ Deep breathing

Notes:**Previous Episodes (if any):**

Date _____ Nature of pain: _____

Please consult a healthcare provider for diagnosis and treatment if you experience chest pain. This template is for informational purposes only and not a substitute for professional medical advice.