Phone: 07 3016 1111

Queensland Cardiovascular Group

HOLTER DIARY

*****PLEASE RETURN BY _____**

PATIENT: ..... DOB.....

DATE: ..... SEX: ..... P/M: .....DR: .....

MEDICATION: .....

INDICATION: .....

START TIME _____ MONITOR NUMBER _____

This recording device will record the electrical activity of your heart for the next 24 hrs. During this time it is important that you do not interfere with the device or the attached wires. The device is unable to get wet, so please do not shower or get wet. Also please do not use an electric blanket whilst this is fitted.
If you feel any symptoms (dizziness, palpitations, shortness of breath) record your symptoms in the section below.
Please return diary with monitor regardless of symptoms.

TIME	SYMPTOMS	ACTIVITY