Phone: 07 3016 1111

Queensland Cardiovascular Group

EVENT LOOP RECORDER DIARY

*****PLEASE RETURN BY _____**

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

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

MEDICATION: .....

INDICATION: .....

START TIME _____ MONITOR NUMBER _____

Please write an entry in the table below every time you take a recording.
Please return diary with monitor regardless of symptoms.

DATE & TIME	SYMPTOMS	ACTIVITY