

## Cardiology on the Move Diagnostics Inc

Phone (778) 841- 0125 Fax (250) 729- 2674

Unit 204 - 1515 Dufferin Crescent, Nanaimo, BC, V9S 5H6

Patient Name:	DOB:			
Physician(s):				
Date of Recording:	2022	Remove at:	AM	PM

TIME	ACTIVITY	SYMPTOMS

TIME	ACTIVITY	SYMPTOMS	

## PATIENT INFORMATION AND INTRUCTIONS

Your physician has recommended a 24 or 48 hour Holter monitor for the purpose of determining how your heart functions during your normal every day activities. Your physician will require you to log your activities in this diary while you are wearing the Holter monitor. Use this Diary to record the following:

**Time of day:** Record the time of activity changes.

**Activity:** For anything you do during the procedure; long periods of sitting, eating, taking

medications, walking, bowel movement, smoking, strenuous activities, sleeping

hours...etc.

**Symptoms:** During your activity make sure to write down any abnormalities that may occur,

such as pains in your chest, neck, arm, or face. Include dizziness, heart

pounding, nausea, or shortness of breath. If you do not feel any abnormalities

leave this column blank.

## **IMPORTANT NOTES**

- 1. Do not get the recorder wet. Do not bathe, shower, or swim during this monitoring period.
- 2. Do not tamper or open the monitor. Do not remove leads from the monitor. If you should notice any disconnection of the cable or wires into the monitor or off an electrode, attempt to reattach, if you are having difficulties please call the office to speak to the technologist.
- 3. Damage to device and/or failure to return device may result in patient being subject to a replacement fee.

## **REMOVAL OF THE MONITOR**

At the end of the 24 or 48 hour period remove the monitor by peeling the electrode off your skin. **<u>DISCARD</u>** the electrodes and tape. Place the whole system into a bag with this **<u>DIARY</u>**. Return to the location that you received your monitor.