



## HOLTER MONITOR PATIENT DIARY

Name: \_\_\_\_\_ Lab ID: \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ Sex: Male / Female (please circle)

Address: \_\_\_\_\_

Medications: \_\_\_\_\_

Pacemaker: Yes / No (please circle) Type: \_\_\_\_\_

Recording date: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Start and finish time: \_\_\_:\_\_\_ am / pm to \_\_\_:\_\_\_ am / pm

Recorder ID: \_\_\_\_\_ Flashcard ID: \_\_\_\_\_

Staff member fitting holter: \_\_\_\_\_ ID no. \_\_\_\_\_

Staff member removing holter: \_\_\_\_\_ ID no. \_\_\_\_\_

### To The Patient:

In the event that you experience any problems with the Holter Monitor Unit, please contact our \_\_\_\_\_ Collection Centre on phone number \_\_\_\_\_

Alternatively, after-hours contact (03) 9288 2888 and request clinical assistance from the Patient Services Regional Co-ordinator at St. Vincent's Pathology.

### **Follow your physician's instructions carefully.**

Your patient diary is a very important part of this procedure. Any symptoms that you experience should be carefully described in your diary with the day and activity documented.

### What to do during the test:

1. Follow your normal daily routine.
2. Keep an accurate diary. Indicate activities such as walking, running sleeping etc.
3. List any symptom you may experience - such as pain (specify location), shortness of breath, dizziness, etc. Be sure to indicate what you were doing and the time as shown on your recorder.
4. Keep the recorder dry and do not try to open it. While there is no danger to you, opening the recorder or getting it wet will destroy the data collected.
5. Upon completion of the recording return the recorder and you patient diary to the collection centre.

