Patient Diary
for
Cardiac Monitoring

Patient Name: _____

Clinic Number: _____

Healthcare Provider: _____

Start Date: _____

Stop Date: _____

ARRHYTHMIA MONITORING LABORATORY

24-Hour Transmissions:
216.444.5062 or
800. 603.7169

If you have a medical emergency, call 911 or have someone drive you to your local hospital emergency department. If you need to send an urgent transmission, please call the number above.

This information is not intended to replace the medical advice of your healthcare provider. Please consult your healthcare provider for advice about a specific medical condition or treatment..

How to use this diary

When you feel a symptom (heart palpitations/fluttering, fast heartbeat, feeling dizzy or faint/fainting, etc), press the **RECORD** button on the recorder. Then, fill in the information in the diary.

Please fill in ALL the information each time you have a symptom. This information helps your healthcare provider understand the changes in your heart rhythm and what causes your symptoms.

Example:

Date/Time	Activity	Symptoms
9/27 4pm	carrying grocery bags	dizzy, short of breath

Date/Time	Activity	Symptoms

Date/Time	Activity	Symptoms

Date/Time	Activity	Symptoms

Date/Time	Activity	Symptoms

Date/Time	Activity	Symptoms

Date/Time	Activity	Symptoms

Date/Time	Activity	Symptoms

Date/Time	Activity	Symptoms

Date/Time	Activity	Symptoms

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