



THUMB REGION

Cardiopulmonary  
1100 South Van Dyke Road  
Bad Axe, Mi 48413

**PATIENT ACTIVITY DIARY**

Name: \_\_\_\_\_

Please Print

Date of Birth: \_\_\_\_\_

Patient Telephone number: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Doctor: \_\_\_\_\_

Hospital / Facility: \_\_\_\_\_

\_\_\_ Inpatient—Room number \_\_\_\_\_

\_\_\_ Outpatient

Date of hookup: \_\_\_\_\_

Recorder SN: \_\_\_\_\_

Pacemaker: \_\_\_ YES NO \_\_\_

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

\_\_\_\_\_

Symptoms /Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Time Recording Started: \_\_\_\_\_ AM or PM