McLaren

THUMB REGION

Cardiopulmonary Department
Holter Monitor Patient Diary Log

Place patient sticker here

INSTRUCTIONS: With a check mark, indicate any symptoms experienced. Be sure to record the time on the same line as the symptom. The time must be obtained from the digital clock on the monitor and **NOT** the patient's watch or any other clock.

Time	Activities	Symptoms							Explain other pain
		Palpitations	Dizziness	Nausea	Short of Breath	Chest Pain	Arm Pain	Other Pain	