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**HOLTER MONITOR DIARY**

**NAME** \_\_\_\_\_ **START TIME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **DATE** \_\_\_\_\_

If you experience palpitations, chest pain, breathlessness or other symptoms, **please press the button on the monitor.** You will be shown this button when the monitor is attached. Also, please document any symptoms you experience. Please write down the exact time of your symptoms. Attach more pages if required.

	<u>DATE</u>	<u>TIME</u>	<u>ACTIVITY</u>	<u>SYMPTOMS</u>
<b><u>DAY 1</u></b>	e.g. 1 <sup>st</sup> Jan	e.g. 9.32AM	e.g walking up hill	e.g. fluttering in chest

<b><u>DAY 2</u></b>				

<b><u>DAY 3</u></b>				

<b><u>DAY 4</u></b>				