Prescription Drugs

Kawartha Cardiology

Patient Diary

Ambulatory Monitoring

705-740-6888 ext. 234 & 270
Mon. to Fri. 7:30 am - 4:30 pm
327 Charlotte St., Peterborough
www.kawarthacardiology.com

Patient Diary

Name: _____

Monitor #: _____

Start Date: _____

Remove Date: _____

Return Date: _____

Important Notice

Returning the monitor and cables in their original condition is your responsibility.

You will be billed for any damage incurred.

Instructions

This Diary is to be used while wearing the cardiac monitor. When you feel a symptom, press the **EVENT** button on the recorder and write the date and time (include AM/PM), symptom and activity.

An example is shown below:

DATE/TIME	SYMPTOM	ACTIVITY
Sept 27 4:00pm	dizzy, short of breath	carrying grocery bags
Sept 28 11:00pm	chest pains or discomfort	climbing stairs
Sept 29 7:00am	fainting, palpitations	getting out of bed

Do not shower or bathe while wearing monitor.

Removing the batteries will result in loss of ALL data.

DATE	TIME	SYMPTOM	ACTIVITY
☐ NO SYMPTOMS			