**Good Health CPS Guelph Clinic**

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|  |  |
| --- | --- |
| Patient Name  |  |
| Date of Birth |  |
| Monitor’s # |  |
| Return Date |  |

**Please write in black or blue ink and use the time displayed on the monitor.**

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| --- | --- | --- |
|  Medication Name  |  Dose(mg) | # of time taken per day |
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Holter Monitoring is performed while you are doing daily activities. It will record changes, if any, in your heart rate and patterns. It is not a pacemaker and will not be affected by electrical equipment.

Follow your normal daily routine while wearing the monitor. Anytime you have a symptom note on your diary.

Take your medications as you normally do.

No bathing, showering, or swimming to avoid getting the monitor and electrodes wet. However, you may wash your hands, shave, do dishes, laundry etc. without any fear.

When you experience any symptoms, be sure to list the time and what you were doing. List any symptoms such as chest pain, dizziness, fatigue, etc. Bring the diary when you return the monitor.

|  |  |
| --- | --- |
| Patient Name:  | Date of Birth: |
| Date  | Time  | Activity  | Symptoms/Comments  |
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