



Good Health Markham Clinic Inc.

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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.

Medication Name	Dose(mg)	# of time taken per day

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.

You are responsible for this equipment (Holter Monitor Device) while it is in your possession and that you will pay the device's full value of \$2000 in case if the device is damaged for any reason while it is in my possession.

Please return the device on the stated date above as there will be a late return fees of \$50.00/day – and the full value of the monitor will be charged on day 5 if there is no valid reason for the delay.

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