Cortrium C3+ Holter Monitor Logbook

Patient ID: _____ **C3+ Holter Monitor SN:** _____

It is important that you keep a diary of your activities and symptoms, while wearing the Holter Monitor.

- Time and date - For the start of the recording and every activity or symptom, please write down the date and time of day.
- Activity - Sitting, walking, exercising, eating, sexual activity, taking medications, etc.
- Symptoms - Pain or discomfort, such as back pain, chest pain, nausea, dizziness, other discomforts.

NB!
If you experience pain or discomfort - push the button!

Date:	Time:	Activity:	Symptoms: