__ BIRTHDATE:_____

NAME: _____

24-72 HOUR ECG RECORDING 24-72-TIMERS EKG-REGISTRERING 01-2020 ENGELSK

You have received an ECG recording device that will monitor your heart rate over 24-72 hours.							
 You should live life as you normally would while wearing the ECG recorder. The ECG recorder is not water proof. Please do not bathe or shower. If you feel pain or discomfort such as chest pain, dizziness og palpitations, please press a button (only one) on the recorder. The discomfort event will then be recorded. Please note the time and nature of discomfort on in the form below. If you exercise, make a note of the time and date under «Other» in the form below. 							
	I got up at	I went to bed at					
Day 1							
Day 2							
Day 3							
When the recording is complete, please return with the recorder as agreed. Please hand this form to the nurse. Your notes and the recordings from the ECG recorder will then be assessed by a physician. The results of the examination will be submitted to the referring doctor. Please return the ECG recorder and this form:							
Time and date							
Good luck an							

Date	Time	Chest pain	Dizziness	Palpitations	Other
		Mark with X	Mark with X	Mark with X	