

**ECG EVENT RECORDING (R-TEST)**

LANGTIDS EKG-REG R-TEST 01-2020 ENGELSK

NAME: _____ BIRTHDATE: _____

You have received an ECG recording device that will monitor your heart rate over several days.

1. You should live life as you normally would while wearing the ECG recorder.
2. The ECG recorder is not water proof. Please take it off before bathing or showering.
3. Should an electrode become detached, please replace it with a new one (you will be provided with spare electrodes).
4. If you feel pain or discomfort such as chest pain, dizziness og palpitations, please press the big, red button on the recorder. The discomfort event will then be recorded.
5. Please note the time and nature of discomfort on in the form below.
6. If you exercise, make a note of the time and date under «Other» in the form below.

Your appointment to have the ECG recorder removed and to submit this form to the medical outpatient clinic (medisinsk poliklinikk) is at:

_____ Kl. _____

Please give 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.

Good luck and welcome back.

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

