



Essential Cardio Diagnostics Inc.

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Patient name: _____

Please note:

- **Write down the time shown on the Holter Monitor** - NOT the time on your watch or clock when you record your corresponding symptoms and events.
- **Please avoid making the Holter Monitor wet** to prevent damage.
- This device can only be used with the compatible scanning program in ECD.

Holter Diary Sheet

Date	Time	Activities	Symptoms				
Example Aug 31	14:00	eating	palpitation	SOB	Chest pain	dizziness	others

Add additional page if needed

Signature of the recipient _____

Date of Device Return _____