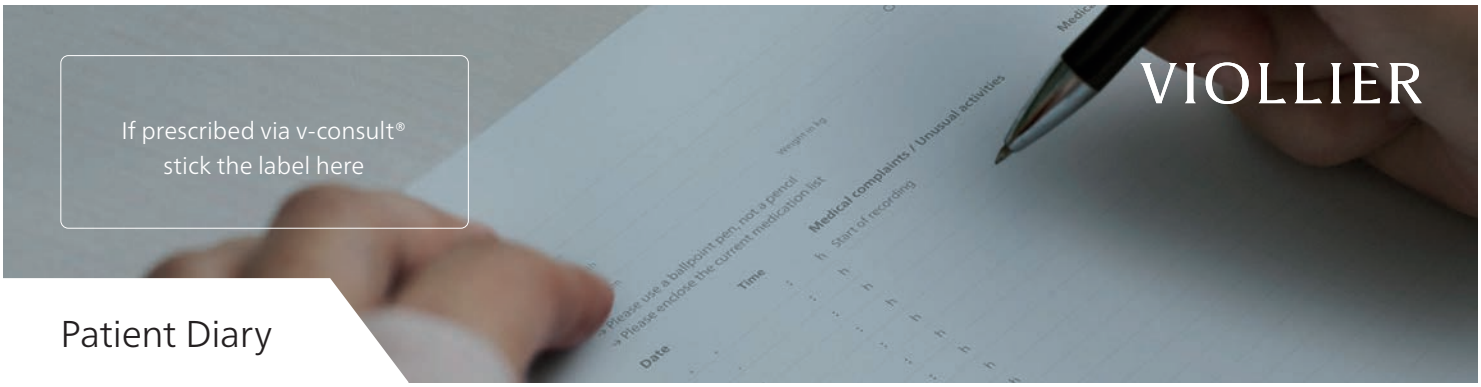

24h ECG | 7-day ECG | 24h blood pressure

To help us make an accurate diagnosis, please record your medical complaints, unusual activities, medications, and stages of sleep, including the date and time of their occurrence, in this patient diary.

→ Please use a ballpoint pen, not a pencil
→ Please enclose the current medication list

Medical complaints

- Breathlessness or difficulty breathing
- Dizziness
- Palpitations, rapid heartbeat, irregular heartbeat
- Pain: in the chest, in the arm

Unusual activities

- Sports
- Significant physical exertion

Important

- Note the start (date and time) and end (date and time) of the recording
- Prevent the monitor and electrodes from getting wet
- Do not bathe or shower
- Keep your arm still and relaxed while your blood pressure is being measured

03.2026 / 17029

Name

First name

Date of birth

Height in cm

Weight in kg

☐ ♂ ☐ ♀

Do you have a pacemaker?

- ☐ No
- ☐ Yes
- ☐ Single-chamber
- ☐ Dual-chamber

→ Please use a ballpoint pen, not a pencil
→ Please enclose the current medication list

Date	Time	Medical complaints / Unusual activities	Medications / Stages of sleep
. .	: h	Start of recording	
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
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. .	: h		
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. .	: h		
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. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h		
. .	: h	End of recording	

Please use a ballpoint pen