SPACELABS
HEALTHCARE

Eclipse™ MINI
Eclipse™ PRO

# Patient Details

*Name* _____

*ID Number* _____

*Address* _____

*City* _____

*Post Code* _____

*Telephone No.* _____

*Gender* _____

*Physician* _____

*Recording Start* _____

*Recording End* _____

*Clinical Caregiver* _____

*Telephone No.* _____

# PATIENT DIARY

# Patient Instructions

Write any symptoms that you feel as you go about your normal daily activities. For each event, please note any activity you were doing at that time (see examples).

**Symptoms may include:**

- Chest, arm or neck pain.
- Shortness of breath or difficulty breathing.
- Skipped beats, palpitations etc.
- Dizziness, lightheadedness.

or your own description of any symptoms.

**Activities may include:**

- Going to bed and waking up.
- Start and stop of exercise (walking, running, cycling).

If you have any problems with the recorder or patch, contact your Clinical Care Provider, using the contact number provided for assistance.

# Diary of Events

| Date | Time | Symptom | Activity |
|---|---|---|---|
| *Jan 1st | *9am | *Dizziness | *Walked to car |
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** - Example*

| Date | Time | Symptom | Activity |
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| Date | Time | Symptom | Activity |
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| Date | Time | Symptom | Activity |
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| Date | Time | Symptom | Activity |
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| Date | Time | Symptom | Activity |
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| Date | Time | Symptom | Activity |
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# Notes

SPACELABS
HEALTHCARE

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