

BLANK REPORT TEMPLATE

Complete the applicable fields for the examination performed.

Holter / Ambulatory ECG

Date: _____

Patient _____

Identifier _____

Recording

Indication: _____

Device / leads: _____

Start and finish: _____

Analysable duration: _____ hours

Signal quality / artefact: _____

Relevant medication during recording: _____

Rate and rhythm

Predominant rhythm: _____

Minimum heart rate: _____ beats/min

Mean heart rate: _____ beats/min

Maximum heart rate: _____ beats/min

Timing / context of rate extremes: _____

Events

Supraventricular ectopy: count, burden, runs: _____

Ventricular ectopy: count, burden, complexity: _____

Atrial fibrillation / flutter: episodes and burden: _____

Pauses / conduction disturbances: _____

Symptoms, event times and rhythm correlation: _____

Other findings and verification: _____

Conclusion

Impression: _____

Recommendations / urgent communication: _____

Clinician: _____

Signature: _____