

Press the button on the Biosensor before recording symptoms



Date



Time

Pressed by Mistake



SYMPTOMS

Mark any symptom you are feeling. Select one or more.

Anxious



Dizziness



Weak



Tired



Heart Racing



Heart Flutters



Palpitations



Discomfort



Pain



Short of breath



ACTIVITY

Mark the activity you were involved in when you experienced the symptoms. Select one.

Resting



Walking



Exercise



EXAMPLE: A person feeling Palpitations and Chest Discomfort while on a walk at 11:30AM on the 4th of April 2025.

04 / 04 / 2025

11:30 AM

Clinical facility address

Clinical facility name

Physician name

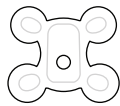
Patient name



Start of procedure

Fill in your Details

Holter Diary



Stick the Biosensor here

ADDITIONAL NOTES

Multiple horizontal lines for writing additional notes.



DO YOU HAVE ANY QUESTIONS?

Scan the QR to access FAQs and Travel Notice.



<https://www.lifesignals.com/UbiqVueHolter1AXeFAQs>



YOUR FEEDBACK IS IMPORTANT TO US

Scan the QR Code to provide your feedback.



www.lifesignals.com/myholter



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