

CLINICAL HEART RATE OBSERVATION LOG

Patient Name: _____
Date of Birth: _____
ID Number: _____
Provider: _____

DATE	TIME	HEART RATE (BPM)	RHYTHM / ACTIVITY	CLINICAL NOTES
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Physician Signature: _____ Date: _____

Standard Resting Range: 60-100 BPM. Document any irregular rhythms or symptomatic episodes (dizziness, palpitations, dyspnea).