

# Steve Adams

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## Symptoms (continued)

Start Time	Finish Time	Symptom number / Description if necessary

# Oesophageal pH / pH-Impedance Monitoring Diary

**Patient:** \_\_\_\_\_

**Placed:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Probe number: \_\_\_\_\_ Xray / Scope

Length at nare: \_\_\_\_\_ cm Adjusted to: \_\_\_\_\_ cm

**Removed:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

**Medications:**

Medicine: \_\_\_\_\_ Stopped: \_\_\_\_\_

Medicine: \_\_\_\_\_ Stopped: \_\_\_\_\_

Medicine: \_\_\_\_\_ Stopped: \_\_\_\_\_

**Symptoms:**

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_



