Blood Sugar Log

Provider Comments:

NAME: _____ PHONE: _____
☐ OK to leave message

PHYSICIAN: _____ ID# _____

DIABETES MEDICATIONS:	**NAME**	**DOSE**	**TIME**
My Blood Sugar Goals			
Before meals: **80-110**			
2 hours after meals: **80-140**			
Correction: 1 unit for every			

_____ above _____

DATE	**TIME**	**INSULIN DOSE**	**BREAKFAST**		**LUNCH**		**DINNER**		**BEDTIME**	**COMMENTS/STEPS**
			PRE	*2 HR*	*PRE*	*2 HR*	*PRE*	*2 HR*	*PRE*	