

Blood Sugar Record

Name _____ Phone number _____

Doctor's name _____ Phone number _____

When to test: _____ Target blood sugar _____ to _____ mg/dl

Diabetes medicines (include name and dose): _____

Special instructions for patients with Type 1 Diabetes: Remember to check Ketones if your glucose is greater than 300. Record in same area as your glucose (N = Negative, TR = Trace, SM = Small, MOD = Moderate, LG = Large).

Date	Fasting AM/ Breakfast		Lunch		Dinner		Bedtime		Middle of the Night	
	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin

