COMMUNITY CARE PHYSICIANS, P.C.

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*	