

Name:

DOB:

## **BLOOD SUGAR LOG**

Please bring these results with you <u>every</u> time you visit your Provider or Diabetes Educator!

Check blood sugar \_\_\_\_\_ x per day

MRN:									2 hours after meal:
	**Bloo	od sugar goa	ls should b	e individua	lized. Disci	uss with you	ır provider.		Bedtime:
	BREAKFAST		LUNCH		DINNER				
Date	Before	After (2hrs)	Before	After (2hrs)	Before	After (2hrs)	Bedtime	Notes	s re: Medications, Food, Activity

**Blood Sugar Goals** 

Fasting:

Pre-meal:

## \*\*Blood sugar goals should be individualized. Discuss with your provider.

	BREAKFAST		LUNCH		DINNER			
		After		After		After		
Date	Before	(2hrs)	Before	(2hrs)	Before	(2hrs)	Bedtime	Notes re: Medications, Food, Activity
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