

This material is for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have questions, speak with your doctor or appropriate healthcare provider.



Your Name: \_\_\_\_\_ Dietitian: \_\_\_\_\_

Nurse: \_\_\_\_\_ Fax: \_\_\_\_\_

Date	Before Brkfast blood sugar	Insulin	Breakfast and Snacks (Food, CHO amount in grams and time)	2 hr after blood sugar	Before lunch blood sugar	Insulin	Lunch and Snacks (Food, CHO amount in grams and time)	2 hr after blood sugar	Before supper blood sugar	Insulin	Supper and Snacks (Food, CHO amount in grams and time)	2 hr after blood sugar	Bed time blood sugar Bed Insulin	Comments and 3 am test

Insulin:carb ratio (I:C or ICR) \_\_\_\_\_ Insulin sensitivity factor (ISF) / correction factor (CF): \_\_\_\_\_

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Supper \_\_\_\_\_ Bedtime \_\_\_\_\_

CHO = Carbohydrates