

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.



Targets

Before meal: 4.0 to 7.0 mmol

After meal: 5.0 to 10.0 mmol (2 hours after first bite)

Patient Name: _____ **Nurse:** _____ **Fax #** _____

| Date | Blood Sugar | | | | | | | Insulin or Pills | | | | |
|------|-------------|-------|--------|-------|--------|-------|-----|------------------|-----------|----------------|--------|-----|
| | Breakfast | | Lunch | | Supper | | Bed | Type | Breakfast | Lunch | Supper | Bed |
| | Before | After | Before | After | Before | After | | | | | | |
| | | | | | | | | | | | | |
| | Comments: | | | | | | | Blood Pressure: | | Steps per day: | | |
| | | | | | | | | | | | | |
| | Comments: | | | | | | | Blood Pressure: | | Steps per day: | | |
| | | | | | | | | | | | | |
| | Comments: | | | | | | | Blood Pressure: | | Steps per day: | | |
| | | | | | | | | | | | | |
| | Comments: | | | | | | | Blood Pressure: | | Steps per day: | | |
| | | | | | | | | | | | | |
| | Comments: | | | | | | | Blood Pressure: | | Steps per day: | | |