

# BLOOD SUGAR DIARY

**Patient Name-** \_\_\_\_\_ **Phone Number-** \_\_\_\_\_

Parent Name: \_\_\_\_\_ My Doctor is Dr. \_\_\_\_\_

Date	B	L	D	Bed

## Carbohydrates:

\_\_\_grams at each Meal

\_\_\_grams AM Snack    \_\_\_grams PM Snack    \_\_\_grams Bedtime Snack

## Insulin doses and Type of Insulin: (Please indicate number of units)

AM

PM

\_\_\_ Lantus  
\_\_\_ Levemir  
\_\_\_ NPH (novolin N/Humilin N)  
\_\_\_ Log  
\_\_\_ Sliding Scale yes or no

\_\_\_ Lantus  
\_\_\_ Levemir  
\_\_\_ NPH  
\_\_\_ Log

Send blood sugar diary every 3-4 days until within target range.  
May send via fax or e-mail.

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NO SCANNING PLEASE

## Additional Comments: