Office fax: 317-865-5321

Blood Sugar Log Sheet

Office Phone 317-865-5904

All name information <u>and</u> medicine information MUST be completed each time.

Name: _____ Birth Date: _____ Dr. _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name of Diabetes Pills	Amount taken at: Breakfast	Lunch	Dinner	Bedtime

Name of Insulin	Breakfast	Lunch	Dinner	Bedtime

Name of Sliding Scale Insulin used **only** before meals:

_____

BS _____ → + ____ units

BS _____ → + ____ units

BS _____ → + ____ units

BS _____ → + ____ units

Date	Pre-Breakfast	2 hours after	Pre-Lunch	2 hours after	Pre-Supper	2 hours after	Bedtime	2-3 a.m.	Notes