



**ENDOCRINOLOGY & DIABETES UNIT**

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<http://endodiab.bcchildrens.ca>

**BLOOD GLUCOSE LOG FOR  
IMPAIRED GLUCOSE TOLERANCE AND TYPE 2 DIABETES**

Name: \_\_\_\_\_ may be emailed to: [dcnurse@cw.bc.ca](mailto:dcnurse@cw.bc.ca)

Contact Name and Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Date	Blood Glucose			Medication, if Any				Comments: Exercise, Diet, Missed Meals, Illness, etc.
	Fasting: before Breakfast	2 Hours after Supper	Other Time(s)	AM	Noon	Supper	Bed	

**Desired Blood Glucose Levels:**

- fasting: less than 7.0 mmol/L
- 2 hours after meal: less than 9.0 mmol/L

Your Suggestions: \_\_\_\_\_