



ENDOCRINOLOGY & DIABETES UNIT

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BLOOD GLUCOSE LOG FOR TYPE 1 DIABETES

Patient: _____ Contact Name: _____

Date of Birth: _____ Date of Diagnosis: _____

Phone: _____ E-mail: _____

Date	Blood Glucose					Insulin / Medication				Comments <i>exercise, illness, etc.</i>
	AM	noon	supper	bed	night	AM	noon	supper	bed	

AM Sliding Scale	
Glucose Range	Insulin Dose

PM Sliding Scale	
Glucose Range	Insulin Dose

Your Suggestions: _____