Reset Glucose Levels | Save Form | E-mail Form to BCCH | Print Form

ENDOCRINOLOGY & DIABETES UNIT
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BLOOD GLUCOSE LOG FOR IMPAIRED GLUCOSE TOLERANCE AND TYPE 2 DIABETES

Patient: _____ Contact Name: _____

Date of Birth: _____ Date of Diagnosis: _____

Phone: _____ E-mail: _____

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: _____