

Blood Sugar and Insulin Log



Patient Name: _____

DOB: _____

Provider Name: _____

Diabetic Educator: _____

Pharmacist: _____

Personalized Target Goals:

Fasting/Before Meals: _____

2 Hours After Meals: _____

Date	BREAKFAST			LUNCH			DINNER			BEDTIME		Comments
	Before	Units / Type	2 Hrs After	Before	Units / Type	2 Hrs After	Before	Units / Type	2 Hrs After	Before	Units / Type	

Insulin Units / Type example: 3 Units (3U) of Novolog (N)=3UN

Please bring your log to your next office visit.

Call your doctor's office if your blood sugar is over 250 for more than 2 checks or is less than 70 mg/dL.