

Blood Sugar Record 7

UHS Diabetes Center

Please check your blood sugar before AND after each meal and at bedtime or at any time you feel it's low or high. Record your readings daily and also document the type and amount of insulin you took. Bring this record to your visit with your provider or educator. You may also fax this record to 607-763-6677 or call in to your educator.

Patient Name:
Date of Birth:
Patient Phone Number:

Educator:

Educator Phone:

BLOOD SUGAR READINGS

DATE	Fasting	After breakfast	Before Lunch	After Lunch	Before Dinner	After Dinner	Bedtime	Other

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