

Vanderbilt Diabetes Program Blood Glucose Record

Patient Name: _____ Patient Phone Number: (____) _____ or Email Address: _____

Deliver this Fax to: _____ at Fax Number: _____

Week of: _____/_____/_____

Blood Glucose Test Results, Insulin Doses, and Grams of Carbohydrates

Day/Date	Breakfast				Lunch				Dinner				Bedtime			Other		
	Before	After	insulin	Carbs	Before	After	Insulin	Carbs	Before	After	Insulin	Carbs	Before	Insulin	Carbs			
Average Blood Sugar																		

*Notes: Record Illness, Low Blood Sugar, Exercise, Large Meal, Emotional Stress, etc... Target A1c _____
 Target pre meal blood :sugar__ Target post meal blood sugar___ Insulin/t carb ratio _____
 _____ _Target carbs _____