Weekly Diabetes Blood Sugar Record

Cobblestone Family Medicine Clinic, P.C.

Partnering for Excellence in Health Care (816) 781-7400 www.CobblestoneFamilyMedicine.com

Name______________________DOB_________Date_________Physician____________Nurse_______

Record your blood sugars with your insulin and diabetes medication(s) doses and times taken each day. Bring this log to every office visit. Check blood sugar if you have symptoms of hypoglycemia or are ill. Check your blood sugar (goal):

☐ Before breakfast (70-130)	☐ 2 hr after breakfast (<180)	☐ Before lunch (70-130)
☐ 2hr after lunch (<180)	☐ Before dinner (70-130)	☐ 2hr after dinner (<180)
☐ At bedtime (100-140)	☐ At 3am (70-110)	☐ Log results and bring to next visit
☐ Check all times everyday	☐ Check twice each week	☐ Check _______________________

Date:	Breakfast Time_____	Lunch Time_____	Dinner Time_____	Bedtime _____	Other _____	Notes
Blood Sugar						
Insulin Type/Dose						
Medication Name/Dose						
Medication Name/Dose						
Date:	Breakfast Time_____	Lunch Time_____	Dinner Time_____	Bedtime _____	Other _____	Notes
Blood Sugar						
Insulin Type/Dose						
Medication Name/Dose						
Medication Name/Dose						
Date:	Breakfast Time_____	Lunch Time_____	Dinner Time_____	Bedtime _____	Other _____	Notes
Blood Sugar						
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