Blood Sugar and Insulin Log

think whole person healthcare

TEST BLOOD SUGARS: _____PER DAY

Patient Name: _____

DOB: _____

Provider Name: _____

Diabetic Educator: _____

Pharmacist: _____

Personalized Target Goals:

Fasting/Before Meals: _____

2 Hours After Meals: _____

Date	Before	2 Hrs After	Before	2 Hrs After	Before	2 Hrs After	Before	Comments

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.

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