Glucose (blood sugar) levels record

Instructions: Record blood glucose level at meals and bedtime. Record insulin dose if taken. Please bring this chart to all doctor appointments.

Chart Date: ____ / ____ / ____ **A1c:** _____ **Patient name:** _____

Blood glucose reading / Insulin dose taken	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Breakfast							
Lunch							
Dinner							
Bedtime							
Snack							

Sliding scale of blood glucose levels for insulin dose: **Your doctor should fill in the insulin dose for each level below.**

70-140 _____ units 141-180 _____ units 181-220 _____ units 221-260 _____ units

261-300 _____ units 301-340 _____ units 341-400 _____ units and **Notify your doctor immediately.**

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