

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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