NorthShore
University HealthSystem

BLOOD GLUCOSE, INSULIN, & CARBOHYDRATE LOG

Telephone: _____
Fax: _____
Notes: _____

_____

_____

Name: _____
Date of Birth: _____

Date		Pre - Breakfast	Post - Breakfast	Pre -Lunch	Post - Lunch	Pre - Dinner	Post - Dinner	Bedtime	Overnight
	Blood Glucose								
	Insulin Dose								
	Carbohydrate Grams								
	Blood Glucose								
	Insulin Dose								
	Carbohydrate Grams								
	Blood Glucose								
	Insulin Dose								
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