Diabetes Clinic Day Express Name: ______ D.O.B.: ____ DATE OF VISIT: _____ Bring your log book and meter to every appointment. Do not forget, bring both. AVERAGE blood sugar (before meals / snacks) for the last two weeks. Include the total number of tests: Mid-A.M. Breakfast Lunch Snack Dinner Snack Mid-Nite 3:00 a.m. Average Counted BG TARGET PRE-MEAL: _____ BG TARGET ~2 HRS AFTER MEAL: _ BG TARGET @ BED TIME: BG TARGET DURING THE NIGHT: BG TARGET PRE-HI INTENSITY / DURATION ACTIVITY: ______ **AVERAGE insulin doses** used for the past two weeks: Insulin type: Breakfast Lunch Snack Dinner Pre-Bedtime Humalog / Novolog Lantus / Levemir My INSULIN RATIOS are: Carbohydrates _____ Correction When I am highly active I: When I don't feel well I: I give my insulin for meals and snacks minutes (before) or (after) beginning to eat. This usually (does) or (does not) cap off the rise in BG to less than 100 points from my pre-meal BG level when I check again 60-90 minutes after starting to eat. The place / places on my body where most of my injections are given: The last time (month and year) that saw the: Eye Doctor _____ Dietitian _____ Other medications I take are: Since my last visit, I did / did not go to the Emergency Room / Hospital on: ______ because, I am most pleased with: ____ I am most frustrated with: My question/s for The Team are: _____

My goal/s for this visit are: