

Gestational Diabetes

Medical Group

Name: _____

DOB: _____

Phone: _____

Date	Ketones		Pre brkfst	Post Brkfst	Post lunch	Post dinner	Total Carb
		Blood Sugar					
		Insulin Dose					
		Blood Sugar					
		Insulin Dose					
		Blood Sugar					
		Insulin Dose					
		Blood Sugar					
		Insulin Dose					
		Blood Sugar					
		Insulin Dose					

- Results faxed after 12:00 pm on Thursday will be reviewed on Monday. Please call the office if a review is needed sooner or if you have not received feedback about your log within 3 business days.
- Using this form, fax your blood sugars weekly throughout the remainder of your pregnancy. If your sugars are within the desired range, you will not receive a return call from the office. Continue to complete the food logs and bring them with you to each of your follow-up visits (there is no need to continue faxing the food logs in addition to this form).
- Notes: _____