NorthShore University HealthSystem
Medical Group

Gestational Food Log

Adult Endocrinology
Phone 847 663-8540
Fax 847 663-1015

Name: _____
DOB: ____ /____ / _____
Physician Name: _____
Phone**:** _____
URINE KETONES: _____
Date: _____/____/_____

TIME	BLOOD SUGAR	FOOD ITEM/AMOUNT	GRAMS OF CARB	INSULIN DOSAGE
	Before Breakfast After Breakfast	Breakfast **TOTAL**		
		A.M. Snack **TOTAL**		
	After Lunch	Lunch **TOTAL**		
		P.M. Snack **TOTAL**		
	After Dinner	Dinner **TOTAL**		
		Bedtime Snack **TOTAL**		

● 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.