NorthShore
University HealthSystem
Medical Group

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

Gestational Food Log Record

Name: _____
DOB: ____ /____ / _____
Physician/APN Name: _____
Phone: _____
URINE KETONES (Goal: Neg or Trace): _____
Date: _____/____/_____

TIME	BLOOD SUGAR	FOOD ITEM/AMOUNT	GRAMS OF CARB	INSULIN DOSAGE
	Before Breakfast (Goal: 60-) After Breakfast (1 hr: Goal: 130 or less)	Breakfast **TOTAL**		
		A.M. Snack **TOTAL**		
	Before Lunch (Goal: 60-90) After Lunch (1 hr: Goal: 130 or less)	Lunch **TOTAL**		
		P.M. Snack **TOTAL**		
	Before Dinner (Goal: 60-90) After Dinner (1 hr: Goal: 130 or less)	Dinner **TOTAL**		
		Bedtime Snack **TOTAL**		

Results faxed after 12:00 p.m. 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.