RALEIGH ENDOCRINE ASSOCIATES

Phone: (919) 876-7692

BLOOD GLUCOSE LOG

ATTENTION: O Dr. Becker O Dr. Holt O Dr. Berlin O Dr. Stall O Dr. Weir

O Nancy Crowell, NP O Marjorie Pierre-Louis, FNP O Lisa Hill, PA-C O Dawn Diaz, PA-C O Lauren Hendricks, FNP

O Linda Brower, PA-C

Fax to: 919-954-3365

Name:_____ DOB:_____ Phone: (_____)_____ Date: _____

	Glucose Readings								Diabetes Medication Doses				Comments
	During	Breakfast		Lunch		Supper			Breakfast	Lunch	Supper	Bedtime	
Date	Night	Before	After	Before	After	Before	After	Bedtime					

Goals for blood glucose:

Before meals: _____

1 hour after meals: _____

Bedtime: _____

During night: _____

Insulin to carbohydrate ratio:

Breakfast: _____

Lunch: _____

Supper: _____

Snacks: _____

Supplemental insulin for high blood glucose:

(Blood glucose - X) / Y = # units rapid insulin

X= Blood glucose goal (see left)

Y= Sensitivity factor: _____