

NAME: _____

GLUCOSE & INSULIN RECORD

TELEPHONE: (HOME) _____

(WORK) _____

DOCTOR: _____

MEDICATIONS: INSULIN / ORAL

BLOOD SUGAR FINGER STICKS

YEAR: _____

Time																							
Date	0300	B	SS	L	SS	D	SS	BED	SS	0300	B	POST	L	POST	D	POST	BED	POST		KETONES	COMMENTS		

COMMENTS / SLIDING SCALE ORDERS:

KEY: B=BREAKFAST SS= SLIDING SCALE
 L= LUNCH BED= BEDTIME GLUCOSE
 D=DINNER

Diabetes Center
 MidMichigan Medical Center-Midland
 989.839.3123 or 1.800.727.3123
 FAX: 989.839.1388