RALEIGH ENDOCRINE ASSOCIATES

Phone: (919) 876-7692

BLOOD GLUCOSE LOG

Attention:	O Becker, MD	O Holt, MD	O Berlin, MD	O Stall, MD	O Weir, M D	O Glass, FNP	O Bridger, PA-C	O Bardon, PA-C
Fax to:	954-3365	954-3365	235-0695	954-3365	954-3365	954-3365	954-3365	954-3365

Name:_____ Chart #: _____ 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) = # units rapid insulin
Y

X= Blood glucose goal (see left)
Y= Sensitivity factor: _____