Centre Ob/Gyn
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Bring this form to EVERY visit for your provider to review.

Test your Blood Sugar levels EVERY DAY, 4 times each day.

Patient's Name: ***Chart #:***

BLOOD SUGAR LOG

CALL THE OFFICE IF:

*>You have **any** fasting blood sugars (before breakfast) greater than 150*
*>You have **any** 2 hour values greater than 200*

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Normal Ranges
Date:								
Insulin-AM								
Insulin-PM								
**Do not eat anything after midnight the night before you test your "before breakfast/fasting level"								
****fasting before breakfast**								Less than 95
2 hours after breakfast								Less than 121
2 hours after lunch								Less than 121
2 hours after dinner								Less than 121

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Normal Ranges
Date:								
Insulin-AM								
Insulin-PM								
**Do not eat anything after midnight the night before you test your "before breakfast/fasting level"								
****fasting before breakfast**								Less than 95
2 hours after breakfast								Less than 121
2 hours after lunch								Less than 121
2 hours after dinner								Less than 121