Reset Print

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GLUCOSE GRAPH

FULL RECORD FOR PATIENTS

Patient Name: _____**Dates of Graph**: _____ **Dr.'s Phone #:**_____/_____

Guidelines: Record blood sugars as per recommendations. After a meal means 1.5 hours after eating. Also record Time, length and type of Exercise and what one did.

Record Time and glucose	Fasting	After Break-fast	Before Lunch	After Lunch	Before Supper	After Supper	Bedtime	Middle of the Night	Before Exercise	During Exercise	After Exercise
DAY 1											
DAY 2											
DAY 3											
DAY 4											
DAY 5											
DAY 6											
DAY 7											