

# Vanderbilt Diabetes Program Blood Glucose Record

Patient Name: \_\_\_\_\_ Patient Phone Number: (\_\_\_\_) \_\_\_\_\_ or Email Address: \_\_\_\_\_

Deliver this Fax to: Kathleen Wolf \_\_\_\_\_ at Fax Number: 343-4953

Week of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Blood Glucose Test Results, Insulin Doses, and Grams of Carbohydrates

Day/Date	Breakfast			Lunch			Dinner			Bedtime			Exercise	
	Before	After	Insulin	Carbs	Before	After	Insulin	Carbs	Before	After	Insulin	Carbs		Notes
Average Blood Sugar														

\*Notes: Record Illness, Low Blood Sugar, Exercise, Large Meal, Emotional Stress, etc... Target A1c \_\_\_\_\_  
 Target pre meal blood sugar \_\_\_\_\_ Target post meal blood sugar \_\_\_\_\_ Insulin/t carb ratio \_\_\_\_\_