

Vanderbilt Diabetes Program Blood Glucose Record

Patient Name: _____

Patient Phone Number: () _____

or Email Address: _____

Deliver this Fax to: Kathleen Wolff at Fax Number: 343-4953

Week of:

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

[illegible]

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