BLOOD SUGAR LOG

Target Range: _____ to _____
Name:
Week Of:
Physician:

DATE	TIME	READING (MG/DL)	MEDICATION/DOSAGE	NOTES (FOOD/ACTIVITY)

DATE	TIME	READING (MG/DL)	MEDICATION/DOSAGE	NOTES (FOOD/ACTIVITY)

Weekly Summary / Provider Comments:

This log is for personal tracking. Always consult with a healthcare professional regarding medication adjustments.