

DAILY GLUCOSE MONITORING LOG

DATE

PATIENT NAME

DATE OF BIRTH

TARGET RANGE (MG/DL)

TIME OF DAY	BEFORE MEAL		AFTER MEAL (2HR)		NOTES (CARBS/ACTIVITY)
	LEVEL	INSULIN	LEVEL	INSULIN	
Breakfast					
Lunch					
Dinner					
Bedtime			-	-	
Night / Other					

DAILY PHYSICIAN NOTES / OBSERVATIONS

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