



Patient Name _____ DOB _____ Phone # _____ Physician _____

FOOD AND ACTIVITY RECORD PG.1

	BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK
DATE:	Time:	Time:	Time:	Time:	Time:	Time:
	BG*:	BG:	BG:	BG:	BG:	BG:
Food you consumed and the amount of carbs for each						
Total grams of carbs**						
Insulin (food & correction):						
Comments/Activities:						
DATE:	Time:	Time:	Time:	Time:	Time:	Time:
	BG*:	BG:	BG:	BG:	BG:	BG:
Food you consumed and the amount of carbs for each						
Total grams of carbs**						
Insulin (food & correction):						
Comments/Activities:						

*What's BG? Blood Sugar Level **Please note this is the total of the above entry of food consumed in terms of grams of carbs



Patient Name _____ DOB _____

FOOD AND ACTIVITY RECORD PG.2

	BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK
DATE:	Time:	Time:	Time:	Time:	Time:	Time:
	BG*:	BG:	BG:	BG:	BG:	BG:
Food you consumed and the amount of carbs for each						
Total grams of carbs**						
Insulin (food & correction):						
Comments/Activities:						
DATE:	Time:	Time:	Time:	Time:	Time:	Time:
	BG*:	BG:	BG:	BG:	BG:	BG:
Food you consumed and the amount of carbs for each						
Total grams of carbs**						
Insulin (food & correction):						
Comments/Activities:						

*What's BG? Blood Sugar Level **Please note this is the total of the above entry of food consumed in terms of grams of carbs