Patient Name:_________________________ DOB:___________________

Month:____________ EDC:___________ Meter:_________________

Phone # (H):____________________ Phone # (W):____________________

Next Appointment:____________________

MD (circle one): Dr. Chow Dr. Doeden Dr. Laedtke Dr. Mattison Dr. Ruegemer

Post Meal Testing (circle one): 1 hour 2 hours

OB MD: _____________

BLOOD GLUCOSE RECORD GDM / TYPE 1 / TYPE 2

			BLOOD GLUCOSE			BLOOD GLUCOSE			BLOOD GLUCOSE				
DATE:	Urine Ketones	Insulin	Before Breakfast	After Breakfast	Insulin	Before Noon	After Noon	Insulin	Before Supper	After Supper	Insulin	Bed Time	Comments

Diabetes Medications:

Blood Glucose Parameters:

Fasting Blood Sugar < 95 One Hour After Meal < 140 Two hours after meal < 120