

Blood Sugar Log

Name: _____ Sex: _____ Age: _____ Height: _____ Weight: _____

Diabetes Type: _____ Medication/s (if any): _____

Physician's Name: _____

Date and Time:	Before Breakfast	Before Lunch	Before Dinner	Other:	Other:
	2 Hrs After Breakfast	2 Hours After Lunch	2 hours after Dinner	Other:	Other:
	Notes:	Notes:	Notes:	Notes:	Notes:
Date and Time:	Before Breakfast	Before Lunch	Before Dinner	Other:	Other:
	2 Hrs After Breakfast	2 Hours After Lunch	2 hours after Dinner	Other:	Other:
	Notes:	Notes:	Notes:	Notes:	Notes:
Date and Time:	Before Breakfast	Before Lunch	Before Dinner	Other:	Other:
	2 Hrs After Breakfast	2 Hours After Lunch	2 hours after Dinner	Other:	Other:
	Notes:	Notes:	Notes:	Notes:	Notes:

Date and Time:	Before Breakfast	Before Lunch	Before Dinner	Other:	Other:
	2 Hrs After Breakfast	2 Hours After Lunch	2 hours after Dinner	Other:	Other:
	Notes:	Notes:	Notes:	Notes:	Notes:
Date and Time:	Before Breakfast	Before Lunch	Before Dinner	Other:	Other:
	2 Hrs After Breakfast	2 Hours After Lunch	2 hours after Dinner	Other:	Other:
	Notes:	Notes:	Notes:	Notes:	Notes:
Date and Time:	Before Breakfast	Before Lunch	Before Dinner	Other:	Other:
	2 Hrs After Breakfast	2 Hours After Lunch	2 hours after Dinner	Other:	Other:
	Notes:	Notes:	Notes:	Notes:	Notes:

Additional Notes: