

Please **print** completed form and mail to:

# Blood Sugar and Insulin Journal

All Ways Health, PLLC  
PO Box 1970  
Flagstaff, AZ 86002

or fax to: 928-**779-0816**



Name:  Date:

## Blood Sugar (Glucose) Readings for Today:

Upon Waking (Fasting):	Time: <input type="text"/>	Glucose: <input type="text"/>
90 Minutes After Breakfast:	Time: <input type="text"/>	Glucose: <input type="text"/>
Before Lunch:	Time: <input type="text"/>	Glucose: <input type="text"/>
90 Minutes After Lunch:	Time: <input type="text"/>	Glucose: <input type="text"/>
Before Supper/Dinner:	Time: <input type="text"/>	Glucose: <input type="text"/>
90 Minutes After Supper/Dinner:	Time: <input type="text"/>	Glucose: <input type="text"/>
Bedtime:	Time: <input type="text"/>	Glucose: <input type="text"/>
Middle of the Night:	Time: <input type="text"/>	Glucose: <input type="text"/>
Before Exercise:	Time: <input type="text"/>	Glucose: <input type="text"/>
During Exercise:	Time: <input type="text"/>	Glucose: <input type="text"/>
After Exercise:	Time: <input type="text"/>	Glucose: <input type="text"/>
Additional Situation:	Time: <input type="text"/>	Glucose: <input type="text"/>

Please confirm with a physician at All Ways Health which of the 12 possible blood sugar (glucose) reading times shown to the left you should be taking and recording each day.

It is unlikely that you will need to test your blood sugar at all 12 times shown for a day.

## Insulin Use for Today:

Time: <input type="text"/>	Units: <input type="text"/>	Type: <input type="text"/>
Time: <input type="text"/>	Units: <input type="text"/>	Type: <input type="text"/>
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