

# Weekly Blood Glucose Chart

Name: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Medication types: \_\_\_\_\_



## Normal results for blood glucose readings

➤ **Talk to your doctor about your specific glucose results**

Date	After breakfast	After lunch	After dinner	Other	Insulin/medication	Notes about day: (Skipped meals, exercise, food intake)
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	

Member Customer Care 1-866-781-5094 (TTY: 1-866-733-9634)

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For more information, please call BlueChoice HealthPlan Medicaid Customer Care Center at 1-866-781-5094 (TTY 1-866-773-9634).