THE Portland Clinic
We specialize in you.

Print form and **fax** to:
The Portland Clinic: Diabetes Center
DT: 503-221-1920
South: 503-924-2260
__ Michelle Grove, ANP
__ Christine Olinghouse, FNP

Blood Glucose Monitoring Log

Name: _____ Phone: _____

Please list glucose numbers and add medication/insulin units in separate box.

Date	Before Breakfast		2 hours After meal	Before Lunch		2 hours After meal	Before Dinner		2 hours After meal	Bedtime		3AM	Comments