BLOOD GLUCOSE LOG

Patient's Name:	Telephone #:
Month:	Patient's Doctor:

BLOOD SUGAR TESTING SHOULD BE DONE BEFORE MEAL

Date	Day	A.M.	Noon	P.M.	Bedtime	Ketones	Reaction	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								