

DIVISION OF ENDOCRINOLOGY

Patient Name: _____

Office fax: (302) 651-5419

Date of child's diagnosis: _____

BLOOD GLUCOSE LOG FORM

Phone we can reach you at: _____

EMAIL: diabetesnemours@nemours.org

for non-emergency blood sugars or questions

Date	Breakfast Time:	Snack Time:	Lunch Time:	Snack Time:	Dinner Time:	Snack Time:	Bedtime Time:
Blood Sugar							
Insulin (units) & Injection time							
Grams of carbs							
I: Carb Ratio							
Blood Sugar							

Exercise or food notes: _____

Date	Breakfast Time:	Snack Time:	Lunch Time:	Snack Time:	Dinner Time:	Snack Time:	Bedtime Time:
Blood Sugar							
Insulin (units) & Injection time							
Grams of carbs							
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Blood Sugar							

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Blood Sugar							
Insulin (units) & Injection time							
Grams of carbs							
I: Carb Ratio							
Blood Sugar							

Exercise or food notes: _____

**If these blood sugars are an emergency,
please call the Endocrine office at (302) 651-5965 or
(302) 651-4000 after hours/evenings or weekends**



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