

Patient Record of Home Glucose Monitoring

DATE	BREAKFAST 2 hrs BEFORE AFTER		LUNCH 2 hrs BEFORE AFTER		DINNER 2 hrs BEFORE AFTER		BEDTIME	COMMENTS

INSTRUCTIONS:

Patient information

1. Check your blood glucose and records the results in the appropriate boxes.

Do an extra glucose test if you feel symptoms of high or low blood glucose.
Please record the following information in the comments section

Please record the following information in the comments section

- a. Explain a high or low blood glucose- extra food eaten or exercise
- b. Additional insulin dose and time
- c. Additional blood glucose checks
- d. Any nausea or vomiting

4. Bring all glucose record sheets to all clinic visits.

Name_