COMMUNITY CARE PHYSICIANS

Blood Sugar Log-Insulin

Provider Comments:

NAME:_____ PHONE: (518)_____

☐ OK to leave message

PHYSICIAN:_____ ID#_____

DIABETES MEDICATIONS:

NAME	DOSE	TIME

My Blood Sugar Goals

Before meals: **80-110**

2 hours after meals: **80-140**

Correction: 1 unit for every

_____above _____

Instructions for Lantus/Levemir patients:

If YOUR BREAKFAST BLOOD SUGARS ARE **MORE THAN 120** FOR 1 DAY, INCREASE LANTUS/LEVEMIR BY **2** UNITS

IF YOUR BREAKFAST BLOOD SUGAR IS **LESS THAN 80** FOR 1 DAY, DECREASE LANTUS/LEVEMIR BY **2** UNITS

Day of MO.	Fasting BB	2 hr After Bfst		Before Lunch BL	2 hr After Lunch		Before Dinner BD	2hr After Dinner		Bedtime	Reasons why glucose may be abnormal	Home BP Reading
GOAL	<130	<180		<130	<180		<130	<180		<130		<130/80

Day of MO.	Fasting BB	2 hr After Bfst		Before Lunch BL	2 hr After Lunch		Before Dinner BD	2hr After Dinner		Bedtime	Reasons why glucose may be abnormal	Home BP Reading
GOAL	<130	<180		<130	<180		<130	<180		<130		<130/80