

BLOOD GLUCOSE TRACKING SHEET
Phone: (801) 587-3999 ♦ Fax: (801) 587-3930
pcmcbglogs@imail.org

Patient Name: _____ DOB: _____ Date of Dx: _____

Contact Name: _____ Phone: _____ Alt Phone: _____

Lantus/Levemir Dose: _____ units Time of day: _____

Carbohydrate/Insulin Ratio: _____ unit(s) per _____ grams of carb Correction Dose: _____ unit(s) for every _____ above _____ / _____
morning night

Insulin Abbreviations (Circle Type)

H = Humalog **LE** = Levemir
N = Novolog **L** = Lantus
A = Apidra

Physician

Clements Donaldson Foster
 Lindsay Murray Raman
 Couldwell Brown

Blood Glucose Levels										Insulin Dosage						
Day	Date	Brkfst	Lunch	Snack	Dinner	Bed	Other	Other	Other	Morning		Lunch		Dinner		Bed
										Insulin	Carb	Insulin	Carb	Insulin	Carb	
Mon																
Tue																
Wed																
Thu																
Fri																
Sat																
Sun																

Blood Glucose Levels										Insulin Dosage						
Day	Date	Brkfst	Lunch	Snack	Dinner	Bed	Other	Other	Other	Morning		Lunch		Dinner		Bed
										Insulin	Carb	Insulin	Carb	Insulin	Carb	
Mon																
Tue																
Wed																
Thu																
Fri																
Sat																
Sun																

Parent/Guardian Concerns about the reported BG: _____

Clinic Recommendations: _____

Physician Signature: _____ Date: _____ Time: _____