

Daily Record Sheet

Name _____

Fax To _____ At _____

Bring these results to your clinic visit

	Breakfast		Lunch		Dinner		Bedtime		Comments: Reactions, exercise, illness, bedtime snack
	Results	Insulin Dose	Results	Insulin Dose	Results	Insulin Dose	Results	Insulin Dose	
Sun Time									
BG/Ket									
Mon Time									
BG/Ket									
Tues Time									
BG/Ket									
Wed Time									
BG/Ket									
Thurs Time									
BG/Ket									
Fri Time									
BG/Ket									
Sat Time									
BG/Ket									
Sun Time									
BG/Ket									
Mon Time									
BG/Ket									
Tues Time									
BG/Ket									
Wed Time									
BG/Ket									
Thurs Time									
BG/Ket									
Fri Time									
BG/Ket									
Sat Time									
BG/Ket									

- Reminder: 1. Make sure insulin doses are included under the Insulin Dose Heading.
 2. How to reach you: FAX _____ or Phone _____
 if by phone, best time to reach you: _____ (between 8 a.m.- 5 p.m.)
 3. Person to be reached: _____

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Concerns: