MetroHealth

BLOOD GLUCOSE, CARBOHDRATE & INSULIN RECORD

NAME_____

Metro Health-Diabetes Education Office
Wyoming- Southwest Plaza
Office phone: 616-252-8339
Office Fax: 616-252-8397
Email Blood.sugar@metrogr.org

MRN _____
Doctor _____
Birthdate_____

Insulin type and dose: _____

(BS= Blood Sugar Carb= Grams of Carbohydrate Ins= Insulin)

	(70-110) Breakfast					(70-120) Lunch					(70-120) Dinner/Supper					(<140) Bedtime			
Date	BS	Carb	Ins	2hr.		BS	Carb	Ins	2 hr		BS	Carb	Ins	2 hr		BS	Carb	Ins	Comments

Comments:_____

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☐Discharged from Intensive Insulin Management:_____