

Date: _____

Educator: _____

Name: _____

Provider: _____



Goals:

1. _____

2. _____











Medicine Changes:

1. _____
2. _____
3. _____
4. _____
5. _____



Blood Sugar Testing:

Date	Before Breakfast 	After Breakfast 	Before Lunch 	After Lunch 	Before Dinner 	After Dinner 	Bedtime 	2 to 3 AM 



Call 919.843.0391 or fax my blood sugars to 919.966.4507 on _____