Progressive Medical Associates, PLLC

BLOOD GLUCOSE LOG

Name: ____ **Month:** __________________________

Date	Fasting / Pre-Breakfast		Pre-Lunch		Pre-Supper		Pre-Bedtime		Basal Insulin Dose (Long-Acting)
	Short-Acting Insulin Dose	Glucose Level	Short-Acting Insulin Dose	Glucose Level	Short-Acting Insulin Dose	Glucose Level	Short-Acting Insulin Dose	Glucose Level	
Low Glucose Value									
High Glucose Value									
Average Glucose Value									

Glucometer 7 Day Average: ________________ **14 Day Average:** _______________ **30 Day Average:** ________________