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:** _____