FAMILY TOUCH BLOOD GLUCOSE MONITORING

This form may be emailed to FamilyTouchReporting@gmail.com

Member Name: _____ DOB: _____ Month/Year: _____

Endocrinologist / PCP: _____ Phone Number: _____

Diabetes Type I & II can be a dangerous condition if not monitored regularly. This general monitoring log was created to assist those who care for members requiring routine blood sugar monitoring. You will only need to record your client's blood sugar levels according to the instructions and testing pattern developed by your member's medical professional team. This form was created as a guide and should not be used in lieu of any doctor provided materials without prior approval. If your member has a known history of diabetic complicatons, it is important to become familar with all known signs, symptoms and triggers and to establish a diabetes action plan with the guidance of their parents, guardians and doctors.

Target Before a Meal: _____ **Target 2 Hours After Meals:** _____

Date	Breakfast		Lunch		Dinner		Bedtime	Night	Notes / Comments
	Before	2hr After	Before	2hr After	Before	2hr After			

(01/2020)