

NAME: _____ AGE: _____ WEIGHT: _____ DIABETES TYPE: _____ GLUCOSE TARGET/RANGE: _____ / _____

INSULIN BASAL/BOLUS: _____ / _____ ICR: _____ CORRECTION: _____ METER TYPE: _____

TIME		BREAKFAST				SNACK		LUNCH				SNACK		SUPPER				BEDTIME				Overnight	
		Pre	Post	Carb	Ins	Pre	Carb	Pre	Post	Carb	Ins	Pre	Carb	Pre	Post	Carb	Ins	Pre	Post	Carb	Ins		
MON	GLUCOSE																						
	KETONES																						
	COMMENT																						
TUE	GLUCOSE																						
	KETONES																						
	COMMENT																						
WED	GLUCOSE																						
	KETONES																						
	COMMENT																						
THU	GLUCOSE																						
	KETONES																						
	COMMENT																						
FRI	GLUCOSE																						
	KETONES																						
	COMMENT																						
SAT	GLUCOSE																						
	KETONES																						
	COMMENT																						
SUN	GLUCOSE																						
	KETONES																						
	COMMENT																						

