**Children's Medical Center of Dallas** 1935 Motor Street Dallas, Texas 75235 (214) 456-7000 ENDOCRINOLOGY CENTER **Intensive Management Blood Glucose Log** 

Med Rec No	Acct. No.	<u> </u>
Patient:		<u> </u>
_	LABEL	
Date:	Location:	<u> </u>
DOB:	<u>.</u>	

Please mail to address listed above or send form via Fax to: (214) 456-5963									
Phone H: (	)		_ W: (		Se	ecureFax (_	)		
Date:									
	3 AM	Pre- Bkfst	Post- Bkfst	Pre- Lunch	Post- Lunch	Pre- Dinner	Post- Dinner	Bedtime	Mid- Night
Time									
BG									
Carbs									
Meal Bolus									
+ Corr									
Bolus									
Comments:									
Date:		I	-		-	-	-		2.61.1

	3 AM	Pre-	Post-	Pre-	Post-	Pre-	Post-	Bedtime	Mid-
		Bkfst	Bkfst	Lunch	Lunch	Dinner	Dinner		Night
Time									
BG									
Carbs									
Meal Bolus									
+ Corr									
Bolus									
Comments:	•								

Date:

Date.	3 AM	Pre-	Post-	Pre-	Post-	Pre-	Post-	Bedtime	Mid-
	01101	Bkfst	Bkfst	Lunch	Lunch	Dinner	Dinner	200000	Night
Time									
BG									
Carbs									
Meal Bolus									
+ Corr									
Bolus									
Comments:									

Endocrine Office Use Only Treatment Interventions:						
	Physician Signature Staff Signature	Date Date				