

**Children's HealthSM
Specialty Center Dallas
Endocrinology Center**

2350 North Stemmons Freeway, Suite 4400
Dallas, Texas 75207 214-456-5959

Glucose Log

Name: _____	Cell Phone #: _____
Date of Birth: _____	Home #: _____
MR#: _____	School Fax #: _____
Doctor: _____	Please send log via MYCHART or Fax: 214-456-5963

Month: _____ Types of insulin: A=Apidra, H=Humalog, NV=Novolog, B=Basaglar, G=Lantus, T=Tresiba, dT=Levemir

Date	3 a.m.	Breakfast		Mid Morning		Lunch		Mid Afternoon		Dinner		Mid Evening		Bedtime		Comments
		Glucose	Dose	Time	Glucose	Glucose	Dose	Time	Glucose	Glucose	Dose	Time	Glucose	Glucose	Dose	
Ex.	146	126	3 NV			62/110	3 NV	3 p.m.	280	136	3 NV			271	6 G/ 2 NV	3 p.m. — Ketones negative
1																
2																
3																
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11																
12																
13																
14																
15																

Week of _____ to _____				Week of _____ to _____			
Meal	Ratio/Dose	Trends/Patterns Identified	Suggestions/Comments	Meal	Ratio/Dose	Trends/Patterns Identified	Suggestions/Comments
Breakfast				Breakfast			
Lunch				Lunch			
Dinner				Dinner			
Bedtime				Bedtime			

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Ex.	146	126	3 NV			62/110	3 NV	3 p.m.	280	136	3 NV			271	6 G/ 2 NV	3 p.m. — Ketones negative
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