

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

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

Week of _____ to _____	Week of _____ to _____	Week of _____ to _____	Week of _____ to _____
Breakfast Ratio: _____	Breakfast Ratio: _____	Breakfast Ratio: _____	Breakfast Ratio: _____
Lunch Ratio: _____	Lunch Ratio: _____	Lunch Ratio: _____	Lunch Ratio: _____
Dinner Ratio: _____	Dinner Ratio: _____	Dinner Ratio: _____	Dinner Ratio: _____

Month _____

Date	Breakfast		Lunch		Dinner		Bedtime		Comments
	Glucose	Dose	Glucose	Dose	Glucose	Dose	Glucose	Dose	
Example	126	3 NV	178	4 NV	62/100	3 NV	229	6G/2NV	Low BG at 2 am - BG 52, treated juice, BG 128
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2									
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