

Name: _____

Date of Birth:

Telephone:

Blood Glucose Readings (mg/dL)

Insulin dosages (units)

Insulin to carb ratio:

Insulin sensitivity factor (ISF):

Date	Before Breakfast		Before Lunch		Before Dinner		Bedtime		Other Times	Comments
	Reading	Meal time Short Acting Insulin	Reading	Meal time Short Acting Insulin	Reading	Meal time Short Acting Insulin	Reading	(Basal) Long Acting Insulin		