WENTWORTH HEALTH PARTNERS

NAME: ______________________

DOB: ______________________

Endocrinology & Diabetes Consultants

BLOOD SUGAR RECORD – *BRING TO ALL VISITS*

Office: (603) 742-1143 Nurse's Line: (603) 749-5195 Fax: (603) 749-3509

Medication: ______________________

*Bedtime = before snack

Blood Sugar Target Recommendations

Fasting or before meals	80-120
2 hours after meals	140 or less
Other: __________	__________

When to test?

- ☐ 1st thing in the morning, before a meal & 2 hours after the same meal.
- ☐ Before each meal and at bedtime.
- ☐ Other:

Date	Breakfast		Lunch		Dinner		*Bedtime	Other	Comments
	Before	After	Before	After	Before	After			
1/1/07 Sample	98				157	2hr 215			Walked after dinner.
1.									
2.									
3.									
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8.									
9.									
10.									
11.									
12.									
13.									

6009-06MR 1/23/12

Name: ______________________________ DOB: ______________

Medication: ______________________________

*Bedtime = before snack

Date	Breakfast		Lunch		Dinner		*Bedtime	Other	Comments
	Before	After	Before	After	Before	After			
1/1/07 Sample	98				157	2hr 215			Walked after dinner.
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15.									
16.									
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