

BLOOD GLUCOSE RECORD

Name: _____

| Date | Breakfast | | Lunch | | Dinner | | Bedtime | Remarks |
|------|-----------|------------------|--------|------------------|--------|------------------|------------------|---------|
| | Before | 2 Hours After | Before | 2 Hours After | Before | 2 Hours After | 3 Hours After | |
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Discuss with your healthcare team to determine your personal blood glucose targets to work towards them safely. Discuss your blood glucose readings with your health care provider.

Bring along your glucose record and glucometer during your doctor appointment for review.