

TOWN & COUNTRY Family Physicians

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DIABETIC LOG SHEETS

For: Patients Who Do Not Take Medication or Insulin

Enter your blood glucose reading into each corresponding box.

The additional columns marked *other* can be used for snacks, exercise sessions, etc.

The *Notes* column is for anything that might have affected your blood sugar, ie. Missing an exercise session, skipping a meal, etc.

Patient Name: _____

Date of Birth: _____

START DATE:				END DATE:			
Day	Breakfast	Lunch	Dinner	Bedtime	Other	Other	Notes
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							