

Sansum Clinic
Food and Glucose Record

Send via MyChart, or Fax to: 805-679-8308

	Date	Date	Date
Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Snack			
Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>
Snack			
Dinner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Snack			
Exercise			
Notes			
	1. Fasting (right when you wake up):	2. List all food & beverage + amount in	3. One hour after the start of each meal:
	Take blood sugar reading.	the appropriate box.	Take blood sugar reading.
	Record reading in box at top left.		Record reading in box at bottom right.

Sansum Clinic
Food and Glucose Record

Send via MyChart, or Fax to: 805-679-8308

	Date	Date	Date
Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Snack			
Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Snack			
Dinner	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Snack			
Exercise			
Notes			
	1. Fasting (right when you wake up):	2. List all food & beverage + amount in	3. One hour after the start of each meal:
	Take blood sugar reading.	the appropriate box.	Take blood sugar reading.
	Record reading in box at top left.		Record reading in box at bottom right.