

Sansum Clinic
Gestational Diabetes 3-day Food 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.

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