For office use only: MRN #



Gestational Diabetes Blood Glucose Log

| Send to your educator in MyChart or FAX to: | Nicole Almanza at 805-679 | 0-8308 | |
|---|------------------------------|-------------|--|
| Your name: | Date of Birth: | | |
| Are you using Insulin: Yes No | | | |
| Pre-meal dose: Breakfast | Lunch | Dinner | |
| Bedtime dose: | _ | | |
| Blood glucose targets: | | | |
| Upon awakening (fasting) = less than 95. 1 ho | ur after START of meal = les | s than 140. | |

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------|--------|---------|-----------|----------|--------|----------|--------|
| Date | | | | | | | |
| Upon Awakening | | | | | | | |
| Carbs (g) | | | | | | | |
| Insulin | | | | | | | |
| After Breakfast | | | | | | | |
| Before Lunch | | | | | | | |
| Carbs (g) | | | | | | | |
| Insulin | | | | | | | |
| After Lunch | | | | | | | |
| Before Dinner | | | | | | | |
| Carbs (g) | | | | | | | |
| Insulin | | | | | | | |
| After Dinner | | | | | | | |
| Bedtime Insulin | | | | | | | |
| Notes | | | | | | | |
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