

Children's HealthSM Plano Endocrinology Center

7601 Preston Road
Plano, Texas 75024 469-303-2424

Glucose Log

Name: _____	Cell Phone #: _____
Date of Birth: _____	Home #: _____
MR#: _____	School Fax #: _____
Doctor: _____	Please send log via MYCHART or Fax: 469-303-2406

Types of insulin: A=Apidra, H=Humalog, NV=Novolog, B=Basaglar, G=Lantus, T=Tresiba, dT=Levemir

Week of _____ to _____	Week of _____ to _____	Week of _____ to _____	Week of _____ to _____
Breakfast Ratio: _____	Breakfast Ratio: _____	Breakfast Ratio: _____	Breakfast Ratio: _____
Lunch Ratio: _____	Lunch Ratio: _____	Lunch Ratio: _____	Lunch Ratio: _____
Dinner Ratio: _____	Dinner Ratio: _____	Dinner Ratio: _____	Dinner Ratio: _____

Month _____

Date	Breakfast		Lunch		Dinner		Bedtime		Comments
	Glucose	Dose	Glucose	Dose	Glucose	Dose	Glucose	Dose	
Example	126	3 NV	178	4 NV	62/100	3 NV	229	6G/2NV	Low BG at 2 am - BG 52, treated juice, BG 128
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									