

Name: _____

Date	Meds	Breakfast	Lunch	Dinner	Bed	Fasting	After Breakfast	After Lunch	After Dinner	Food Record
	Met									Breakfast: Snack: Lunch: Snack: Dinner: Snack:
	Gly									
	N									
	H/NL									
	Time									
	Met									Breakfast: Snack: Lunch: Snack: Dinner: Snack:
	Gly									
	N									
	H/NL									
	Time									
	Met									Breakfast: Snack: Lunch: Snack: Dinner: Snack:
	Gly									
	N									
	H/NL									
	Time									
	Met									Breakfast: Snack: Lunch: Snack: Dinner: Snack:
	Gly									
	N									
	H/NL									
	Time									
	Met									Breakfast: Snack: Lunch: Snack: Dinner: Snack:
	Gly									
	N									
	H/NL									
	Time									
	Met									Breakfast: Snack: Lunch: Snack: Dinner: Snack:
	Gly									
	N									
	H/NL									
	Time									

H/NL=Humalog/Novolog (clear, fast acting insulin)

N=Humulin/Novolin N (cloudy, intermediate acting insulin)

Please remember to bring your diet records, glucose records and meter to every visit. Thank you.