CURRENT DIABETES MEDICINES/INSULIN:
TYPE, DOSE AND FREQUENCY

Breakfast: _____
Lunch: _____
Dinner: _____
Bedtime: _____
Doctor:

Gestational Diabetes?
Yes _____ **No** _____
If Gestational, are post readings 1 or 2 hrs after meals? _____

Blood Sugar Reading Types

Date	Fasting	Post Breakfast	Pre-Lunch	Post-Lunch	Pre-Dinner	Post-Dinner	Bed Time	Note recent medication change and date of change.

Special concerns or adverse events: _____