



Blood Glucose Monitoring Log

Print form and fax to:
 The Portland Clinic: Diabetes Center
 DT: 503-221-1920
 South: 503-924-2260
 ___ Michelle Grove, ANP
 ___ Christine Olinghouse, FNP

Name: _____ Phone: _____

Please list glucose numbers and add medication/insulin units in separate box.

Date	Before Breakfast		2 hours After meal		Before Lunch		2 hours After meal		Before Dinner		2 hours After meal		Bedtime	3AM	Comments