

Blood Glucose Monitoring Log

Name:	
Date of Birth (or MRN)	
Of	patient label

Upload to MyChart

A photo of this completed form is acceptable.

(Preferred Method)

	1
OR	2
	4

Mail or FAX to:

Christine Olinghouse, FNP 6640 SW Redwood Lane Portland, OR 97224 FAX: 971-713-7240 Phone:503-221-0161 ext.2327

Medications	

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

	Be Brea	fore akfast INSULIN DOSE	Lu	fore nch	Dir	fore nner	B <u>edtim</u> e	a 3am	
Date	BLOOD SUGAR	INSULIN \ DOSE	BLOOD SUGAR	INSULIN DOSE	BLOOD SUGAR	INSULIN DOSE	$\overline{\hspace{1cm}}$	$\overline{\hspace{1cm}}$	Comments
l 									

Blood Sugar Goals

Fasting & before meals 70-80 to 130

2 hours after meals 140-180

Bedtime Over 120-150

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

Date	Brea	fore kfast INSULIN DOSE	Be Lu	fore nch INSULIN DOSE	Bef Din BLOOD SUGAR	ore ner	Bedtime	a 3am	Comments
Date	SUGAR	DOSE V	SUGAR	DOSE V	/ SUGAR	DOSE \	/	/	Gomments

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