

Riverside
Foustanelas Endocrine and Diabetes Centre
Fax : 613-738-8261

Name: _____

MRN: _____

Team : _____

Daily record of meals and blood sugar

Date: _____ Ratio: _____ Correction: _____				Date: _____ Ratio: _____ Correction: _____			
Background insulin:				Background insulin:			
Breakfast	g carb.	Rapid insulin correction:	Blood sugar	Breakfast	g carb.	Rapid insulin correction:	Blood sugar
		food:	before:			food:	Before:
		total:	after:			total:	After:
Lunch	g carb.	Rapid insulin correction:	Blood sugar	Lunch	g carb.	Rapid insulin correction:	Blood sugar
		food:	before:			food:	before:
		total:	after:			total:	after:
Supper	g carb.	Rapid insulin correction:	Blood sugar	Supper	g carb.	Rapid insulin correction:	Blood sugar
		food:	before:			food:	before:
		total:	after:			total:	after:
			bedtime:				bedtime:
Exercise (type, time, length)				Exercise (type, time, length)			
Notes (snacks, changes to usual pattern, meals out, stress, etc.)				Notes (snacks, changes to usual pattern, meals out, stress, etc.)			