

Florida Medical Clinic LLC • Endocrinology

Patient Record of Home Glucose Monitoring - Ambulatory Services

Date	Breakfast		Lunch		Dinner		Bedtime	Comments
	Before	_____ Hour(s)	Before	_____ Hour(s)	Before	_____ Hour(s)		
		After		After		After		



- Instructions**
1. Check your blood glucose and record the results in the appropriate boxes.
 2. Do an extra glucose test if you feel symptoms of high or low blood sugar.
 3. Please record the following information in the Comments section:
 - Explain a high or low blood glucose - Extra food eaten or exercise
 - Record Insulin dose and time
 - Additional blood glucose checks
 - Any nausea or vomiting
 4. Bring all glucose record sheets to all clinic visits.

Patient Information

Name _____

Patient Number _____