

HILL COUNTRY MATERNAL FETAL MEDICINE

For office use only

4100 Duval Road, Bldg. II, Ste. 201, Austin, TX 78759
 Ph: 512/339-1010 Fax: 512/339-1011

GA	Wt	BP	RBS

Diabetes Diary

Name: _____ Date of birth: _____ Phone number#: _____

Instructions: Please send your blood sugars to the office once per week. If you have 3 high blood sugars in a row, please call the office during business hours.

Date	Fasting Sugar (before eating or drinking)	Breakfast Eaten (with portion sizes)	2 hr post-meal sugar	Lunch Eaten (with portion sizes)	2hr post- lunch sugar	Dinner Eaten (with portion sizes)	2hr post- dinner sugar	Comments / Exercise (Activity)

RN/MD notes: _____