

Name: _____

Phone #: _____

Email: _____

	BEGIN TIME	CHANGE	CHANGE	CHANGE	CHANGE
SEGMENT 1	12 AM				
SEGMENT 2					
SEGMENT 3					
SEGMENT 4					
SEGMENT 5					

My insulin: carb ratio: 1 unit _____ gm carb.

My Sensitivity factor: 1 unit ↓ bg _____ mg/dl

I correct a high blood sugar to a target of: _____ mg/dl.

DAY/DATE	12 A		3 A	6 A	7 A	8 A	9 A	10 A	11 A	12 N	1 P	2 P	3 P	4 P	5 P	6 P	7 P	8 P	9 P	10 P	11 P	
BLOOD GLUCOSE																						
CARB GRAMS																						
CARBSMART TOTAL																						
EZBG TOTAL																						
Comments/IOB:																						

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