



Name: _____

DOB: _____

Current Blood Sugar Medications: please include dosage and how many times a day you take the medication, if any

Metformin: _____

Humulin/Novolin N: _____ Novolog/Humalog: _____

Target Blood Sugar Levels

Fasting: no higher than 95
1 hour after eating: no higher than 140
2 hours after eating: no higher than 120

DATE	FASTING	1 or 2 hours AFTER BREAKFAST	1 or 2 hours AFTER LUNCH	1 or 2 hours AFTER DINNER	If your blood sugar is out of range, please write in what you ate/drank for that meal.
		(circle either) 1 2	(circle either) 1 2	(circle either) 1 2	
		(circle either) 1 2	(circle either) 1 2	(circle either) 1 2	
		(circle either) 1 2	(circle either) 1 2	(circle either) 1 2	
		(circle either) 1 2	(circle either) 1 2	(circle either) 1 2	
		(circle either) 1 2	(circle either) 1 2	(circle either) 1 2	
		(circle either) 1 2	(circle either) 1 2	(circle either) 1 2	
		(circle either) 1 2	(circle either) 1 2	(circle either) 1 2	
		(circle either) 1 2	(circle either) 1 2	(circle either) 1 2	

Dr. Adusumalli Dr. DeStefano Dr. Haeri Dr. Herrera Dr. Horton Dr. Johnston Dr. McDonnold Dr. J. Singh Dr. K. Singh

Please fax or email your blood sugar levels WEEKLY to:
(512) 776-1950 or AMFM.Nurse@hcahealthcare.com

*****Bring logs to every visit*****

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