Daily Log Book For ______________ (DOB ________) Phone # ______________

Fax logs to: 410-601-8859 or email to pedendo@lifebridgehealth.org

DAY/DATE	BREAKFAST	MID-MORNING	LUNCH	AFTERNOON	DINNER	BEDTIME	OTHER
__/__/__	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	
__/__/__	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	
__/__/__	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	
__/__/__	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	
__/__/__	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	
__/__/__	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	
__/__/__	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	Time:________ BG:__________ Carbs:________ Insulin:	

Long acting__________unit
Basal Rates: (12am)_____
( )______
( )______
( )______

I:C Ratio:
Breakfast:_____ (12a)____
Lunch:_________ ( )____
Dinner:________ ( )____
Snack:_________ ( )____

Sensitivity factor/Correction factor
____ for every _____mg/dl ≥ ______mg/dl
(12am) _____________
( )______________
( )______________

BG target range:_____ to _____