Diabetes Treatment Sheet

Patient:_____ **ID #** _____

Referring Physician:_____ **Fax#**_____

Week # _____

Self-monitored Blood Glucose Weekly Report

Date:	BS – am	Insulin am	BS – noon	Insulin noon	BS – eve	Insulin eve	BS – hs	Insulin hs
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Current Diabetes Medications Week of _____:

1.
2.
3.
4.
5.

Medication Changes: Date: _____

1.
2.
3.
4.
5.

Other Treatment Changes:

_____

_____

_____

_____

_____ M.D., Program Physician

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