Health Tracking-Blood Glucose

Section 1 - General Information

Individual Name:*_____

Program Name:*_____

Entered By: _____

Reported By:*_____

Entry Date & Time:_____

Time zone:_____

Date:*_____

Notification Level: ☐ Low ☐ Medium ☐ High

Section 2 - Blood Glucose Information

Date of Reading:*_____

Value:_____

Fasting: ☐ Yes ☐ No

Insulin Given: ☐ Yes ☐ No

Time: _____ am / pm

Method Used: ☐ Manual   ☐ Machine

☐ Laboratory

Time Since Last Meal: _____Hrs

Insulin Amount:_____

Other Treatment:

Treatment Type: ☐ Medication   ☐ Food   ☐ Drink   ☐ Other

Medication:

Name:_____

Measurement Unit:_____

Route: _____

Nurse / Doctor Notified: ☐ Yes   ☐ No

Dose: _____

Frequency: _____

Comments: _____
_____
_____
_____
_____

SIGNATURE………………………………**NAME**…………………………………………………**DATE**………………………………**TIME**……………**am/pm**

Note:- Required fields are marked with an asterisk (*)