

## Health Tracking-Blood Glucose

### Section 1 - General Information

Individual Name:\* \_\_\_\_\_  
 Program Name:\* \_\_\_\_\_  
 Entered By: \_\_\_\_\_  
 Reported By:\* \_\_\_\_\_

### Section 2 - Blood Glucose Information

Date of Reading:\* \_\_\_\_\_  
 Value: \_\_\_\_\_  
 Fasting: ☐ Yes ☐ No  
 Insulin Given: ☐ Yes ☐ No

### Other Treatment:

Treatment Type: ☐ Medication ☐ Food ☐ Drink ☐ Other

### Medication:

Name: \_\_\_\_\_  
 Measurement Unit: \_\_\_\_\_  
 Route: \_\_\_\_\_  
 Nurse / Doctor Notified: ☐ Yes ☐ No

Entry Date & Time: \_\_\_\_\_  
 Time zone: \_\_\_\_\_  
 Date:\* \_\_\_\_\_  
 Notification Level: ☐ Low ☐ Medium ☐ High  
 If \_\_\_\_\_  
 Other: \_\_\_\_\_

Time: \_\_\_\_\_ am / pm  
 Method Used: ☐ Manual ☐ Machine ☐ Laboratory  
 Time Since Last Meal: \_\_\_\_\_ Hrs  
 Insulin Amount: \_\_\_\_\_

Dose: \_\_\_\_\_  
 Frequency: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE.....NAME.....DATE.....TIME.....am/pm

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