



Diabetes Education Centre Daily Diabetes Log

Patient Information

Name: _____
 Date of Birth (MM/DD/YYYY): _____
 Health Card Number: _____
 Endocrinologist/Nurse/Dietitian: _____
 Diabetes Type: _____

Affix patient label here

Please complete the table below to the best of your ability. Disregard the "Insulin Dose" section if you are not taking insulin. Please note in the comments section anything related to stress, sickness, diet, exercise, etc.

Date	Before/after Breakfast Glucose	Insulin Dose	Before/after Lunch Glucose	Insulin Dose	Before/after Dinner Glucose	Insulin Dose	Bedtime Glucose	Insulin Dose	Overnight Glucose	Comments
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