

# Daily Record Sheet

To Nurse Educator: \_\_\_\_\_ Physician : \_\_\_\_\_  
 Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parents: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Best time ( 8 a.m. - 5 p.m.) to reach you: \_\_\_\_\_

| Date | Break fast |              | Other (optional) |              | Lunch    |              | Other (optional) |              | Dinner   |              | Bedtime  |              | Comments<br>(Exercise, illness, snacks, other) |
|------|------------|--------------|------------------|--------------|----------|--------------|------------------|--------------|----------|--------------|----------|--------------|--|
|      | Resu lts   | Insulin Dose | Resu lts         | Insulin Dose | Resu lts | Insulin Dose | Resu lts         | Insulin Dose | Resu lts | Insulin Dose | Resu lts | Insulin Dose |  |
|      | Time:      |              |                  |              |          |              |                  |              |          |              |          |              |  |
|      | BG/Ket:    |              |                  |              |          |              |                  |              |          |              |          |              |  |
|      | Time:      |              |                  |              |          |              |                  |              |          |              |          |              |  |
|      | BG/Ket:    |              |                  |              |          |              |                  |              |          |              |          |              |  |
|      | Time:      |              |                  |              |          |              |                  |              |          |              |          |              |  |
|      | BG/Ket:    |              |                  |              |          |              |                  |              |          |              |          |              |  |
|      | Time:      |              |                  |              |          |              |                  |              |          |              |          |              |  |
|      | BG/Ket:    |              |                  |              |          |              |                  |              |          |              |          |              |  |
|      | Time:      |              |                  |              |          |              |                  |              |          |              |          |              |  |
|      | BG/Ket:    |              |                  |              |          |              |                  |              |          |              |          |              |  |
|      | Time:      |              |                  |              |          |              |                  |              |          |              |          |              |  |
|      | BG/Ket:    |              |                  |              |          |              |                  |              |          |              |          |              |  |

Ket = K etones

Problem Area(s) Noted: \_\_\_\_\_ Suggested Solution(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please note: Make sure insulin doses are included under "Insulin Dose" heading.