

DAILY RECORD SHEET

Barbara Davis Center for Diabetes
University of Colorado Health Sciences
Center

Phone: (303) 724-2323

Fax: (303) 724-6779

Patient: _____ DOB: _____

Physician: _____

Parents: _____

PA/NP: _____

Phone: _____

Diabetes Educator: _____

Date	Results	Breakfast	Mid-morning	Lunch	Afternoon	Dinner	Bedtime	Overnight	Comments (Exercise, illness, ketones, snacks, other)
	Time BG								
	Carbs Insulin								
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Problem areas noted: _____

Suggested solutions: _____

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