Diabetes Self-Care Record

Endocrine & Diabetes Center
301 Maple Avenue West, Suite 120 • Vienna VA 22180
Phone (703) 938-8885 • FAX (703) 242-2437

Patient's Name _____ Date of Birth _____

Patient's Phone Number _____ Attention: _____

❑ Check if pregnant

	Medication (record dose)				Blood Glucose (record mg/dL)							
Month/ Day	Breakfast	Lunch	Dinner	Bedtime	Before Breakfast	2h After Breakfast	Before Lunch	2h After Lunch	Before Dinner	2h After Dinner	Other	Notes