

# Daily Record Sheet

To Nurse Educator: \_\_\_\_\_

Physician : \_\_\_\_\_

Patient \_\_\_\_\_

Parents: \_\_\_\_\_

Phone: \_\_\_\_\_

Best time ( 8 a.m. - 5 p.m.) to reach you: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date		Break fast		Other (optional)		Lunch		Other (optional)		Dinner		Bedtime		Comments (Exercise, illness, snacks, other)
		Resu lts	Insu lin Dose	Resu lts	Insu lin Dose	Resu lts	Insu lin Dose	Resu lts	Insu lin Dose	Resu lts	Insu lin Dose	Resu lts	Insu lin Dose	
	Time: _____													
	BG/Ket: _____													
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Ket = K etones

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

Suggested Solution(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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