

MY DIARY FOR / / THROUGH / / I HAVE DIABETES. In case of emergency, please call: Name _____ Phone _____

Name _____ Address _____ City _____ State _____ Zip Code _____
 Phone _____ Allergies _____

Doctor's Name _____ Phone _____
 Hospital ST JOHN Hospital's Phone 313 343-4000
 Pharmacy _____ Pharmacy's Phone _____

	Blood Glucose	Breakfast	After Breakfast	Lunch	After Lunch	Dinner	After Dinner	Bedtime	Night	Insulin	Morning	Noon	Evening	Bedtime	Oral Agent	Comments
Mon										Units/ Type						
Tues										Units/ Type						
Wed										Units/ Type						
Thurs										Units/ Type						
Fri										Units/ Type						
Sat										Units/ Type						
Sun										Units/ Type						
Mon										Units/ Type						
Tues										Units/ Type						
Wed										Units/ Type						
Thurs										Units/ Type						
Fri										Units/ Type						
Sat										Units/ Type						
Sun										Units/ Type						