

Diabetes Self-Care Record

MR #

DOB: _____ Insulin pump basal rates: _____

Patient Name: _____

Current Diabetes Medications and Doses: _____

Patient Phone: _____



The Endocrine Clinic, P.C.
Endocrinology and Diabetes of Adults and Children

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Month/day	Medication (Insulin record)				Blood Glucose Record (mg/dl)						Notes			
	breakfast(B)	lunch(L)	supper(S)	bedtime(HS)	B	after	L	after	S	after		HS	3AM	

Instructions: _____

Physician Signature: _____