

Patient Name:

High Risk Pregnancy

AdventHealth High Risk Pregnancy at Orlando - 14 Day Standard Blood Sugar Log

Fill in dates, blood sugar values and treatment details.

Send in this log to us EVERY 7 DAYS via email:

	G.CFL.HRP	@AdventHealth.	com							
We will	l contact you	within 2 business	days wi	th feedback	on your valu	es.				
If you do	not hear from	ı us, we did not recei	ive your f	form.	_	`				
	Dates:	Check right			Check o		after first bite	of me	als	
	Dates.		waking up (goal <95)		(goal <140) Breakfast Lunch Dinner					
		Fasting		Brea	kfast		Lunch		Dinner	
Week 1										
e, j										
>										
,										
Latue	know if you b	ave any feedback on	the volue	es above or a	ny other detail	c we ch	ould know			
Let us	Kilow II you II	ave any recuback on	the value	es above of a	ily other detail	S WC SII	ould Kilow.			
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		insulin or pills you						cation	name, if you use	
		ne exact dose belov				the me			0.1	
Wakin	ıg ∪p	Breakfast	Lunch		Dinner		Bedtime		Other	
					<u> </u>					
		Charle wight	aftar		Charles	na haur	after first hits	of ma	ale.	
	Dates:	Check right			Check o		after first bite	e of me	als	
	Dates:	waking up (goa	al <95)	Brea	Check o		after first bite goal <140) Lunch	e of me	als Dinner	
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sek 2	Dates:	waking up (goa	al <95)	Brea			goal <140)	e of me		
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·		waking up (goa	al <95)		kfast	<u>g)</u>	goal <140) Lunch	e of mea		
·		waking up (goa	al <95)		kfast	<u>g)</u>	goal <140) Lunch	e of me		
Let us	know if you h	waking up (goa Fasting	the value	es above or a	ny other detail	s we sh	goal <140) Lunch ould know:		Dinner	
Let us	know if you has	waking up (goa Fasting Fasting ave any feedback on insulin or pills you	the value	es above or a	ny other detail	s we sh	ould know:		Dinner	
Let us Please s pen or s	know if you has specify what syringe and t	waking up (goa Fasting	the value	es above or a	ny other detail	s we sh	ould know:		Dinner	
Let us	know if you has specify what syringe and t	waking up (goa Fasting Fasting ave any feedback on insulin or pills you he exact dose belo	the value	es above or a	ny other detail	s we sh	ould know: nclude medication:		Dinner name, if you use	