

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:

AHMG.CFL.HRP@AdventHealth.com

We will contact you within 2 business days with feedback on your values.

If you do not hear from us, we did not receive your form.

Patient Name: _____
DOB: _____

Week 1	Dates:	Check right after waking up (goal <95)	Check one hour after first bite of meals (goal <140)		
		Fasting	Breakfast	Lunch	Dinner

Let us know if you have any feedback on the values above or any other details we should know:

Please specify what insulin or pills you took for your blood sugars this week. Include medication name, if you use a pen or syringe and the exact dose below in the time slot when you took the medication:

Waking Up	Breakfast	Lunch	Dinner	Bedtime	Other

Week 2	Dates:	Check right after waking up (goal <95)	Check one hour after first bite of meals (goal <140)		
		Fasting	Breakfast	Lunch	Dinner

Let us know if you have any feedback on the values above or any other details we should know:

Please specify what insulin or pills you took for your blood sugars this week. Include medication name, if you use a pen or syringe and the exact dose below in the time slot when you took the medication:

Waking Up	Breakfast	Lunch	Dinner	Bedtime	Other