

Patient Name _____ Date of Birth _____

Due Date _____

Please **photo** and **email** to Angelique Martin, RD at Angelique.Martin@perinatalok.com

or

Emily Lawrance, RD at Emily.Lawrance@perinatalok.com

Fax Information (Please send to the clinic where you have your visits):

Mercy 405-607-8497, Baptist 405-606-2855, Norman 405-801-2564

Tulsa 918-746-2230



Blood Glucose Monitoring Log

Treatment Plan:

Diet Only _____ Diet and Glyburide or Metformin _____ Morning Dose: _____ mg Evening Dose: _____ mg

Diet and Insulin Therapy:

Type of Insulin: _____ AM dose: _____, Lunch dose: _____, PM dose: _____

Type of Insulin: _____ AM dose: _____, Lunch dose: _____, PM dose: _____

Directions:

Indicate Blood Sugar recordings below when you wake up (fasting) before breakfast and 1 hour or 2 hours after meals (per the provider's unique instructions for your care)

Date						
Fasting	Post-Breakfast	Pre-lunch	Post-lunch	Pre-dinner	Post-dinner	3 AM
Date						
Fasting	Post-Breakfast	Pre-lunch	Post-lunch	Pre-dinner	Post-dinner	3 AM
Date						
Fasting	Post-Breakfast	Pre-lunch	Post-lunch	Pre-dinner	Post-dinner	3 AM
Date						
Fasting	Post-Breakfast	Pre-lunch	Post-lunch	Pre-dinner	Post-dinner	3 AM
Date						
Fasting	Post-Breakfast	Pre-lunch	Post-lunch	Pre-dinner	Post-dinner	3 AM
Date						
Fasting	Post-Breakfast	Pre-lunch	Post-lunch	Pre-dinner	Post-dinner	3 AM

*****Blood glucose goals for pregnancy: Fasting 60-90 mg/dl, 1 hour after meals <140 mg/dl, 2 hours after meals <120 mg/dl**