Glucose Intake Sheet

Goals for blood glucose

Before breakfast (fasting): Less than 95 1 hour after meals: Less than 140 2 hours after meals: Less than 120 Date of Birth: _____

Due Date: ____

Name: _

Phone Number:

Medication or Insulin: ____

DATE	Before breakfast	1h or 2h after breakfast	1h or 2h after lunch	1h or 2h after dinner

• If blood glucose is less than 60, drink a small cup of milk (6 oz)

- If blood glucose is more than 200, call the office
- Please circle (or note) whether post-meal glucose is 1h or 2h

Please fax or email results on MONDAY mornings Fax to 212-722-7185, attn: Casey Seiden MS, RD, CDN, DCES Email to gdm@mfmnyc.com

