DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEIGHT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  | AM | PM |
| TEMPERATURE |  |  |
| BLOOD PRESSURE/HEART RATE |  |  |

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| --- | --- | --- | --- | --- |
|  | BREAKFAST | LUNCH | DINNER | BEDTIME |
| BLOOD SUGAR |  |  |  |  |
| INSULIN DOSE |  |  |  |  |

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| **MEDICATIONS** | | | | |
| NAME OF MEDICINE | TIME | | | |
|  |  |  |  |
| DOSAGE (mg) | | | |
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\*Use the other side of this page to document any questions or findings that you think are out of the ordinary for this day. You may refer to it at a later visit or if a problem should arise.