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MERCY CLINIC MATERNAL FETAL MEDICINE
 DIABETES BLOOD GLUCOSE LOGSHEET

Joe Polcaro, D.O.
 Amanda Trudell, D.O.
 Ivana Vettraino, M.D.

Patient Name: _____ DOB: _____ Delivery Due Date: _____ # of Weeks Pregnant: _____

Date of next ultrasound: _____ Date of next office visit: _____ Weekly testing: _____ 1x week _____ 2 x week

Please enter two phone numbers where you can be reached: Phone 1: _____ Phone 2: _____

How are you currently treating your diabetes? Circle all that apply and record the doses below:

DIET ONLY

INSULIN

ORAL MEDICATION

Please remember to:

1. Send blood glucose logsheets every Sunday evening or Monday AM.
2. Blood glucose logsheets should be sent at least weekly, more often if BG high or low.
3. Check and record urine ketones if instructed to test.

Current Doses	AM/Breakfast	Lunch	Dinner	PM/Bedtime
Humalog/Novolog				
NPH				
Lantus/Levemir				
Glyburide				
Metformin				

uses correction scale/ is added to meal dose

Fax: 314-991-5035 Email: MyMercy Connect Phone: 314-991-5000 option 5

GOALS: Fasting Blood Glucose: 65-95 1 Hour After Meals: 65-140

Date	Fasting	After Breakfast 1 hr	Before Lunch	After Lunch 1 hr	Before Dinner	After Dinner 1 hr	At Bedtime	3:00 AM	Patient Notes
									Weight:

Physician Recommendations/Changes:

Communication/Management Plan:

Physician's Signature	Completed by: