

Resource Information



1. Doctor / clinic name: _____

Phone: _____ Fax: _____

2. Doctor / clinic name: _____

Phone: _____ Fax: _____

3. Diabetes nurse educator: _____

Phone: _____ Fax: _____

4. Diabetes dietitian: _____

Phone: _____ Fax: _____

My Acceptable Blood Glucose Ranges

Before breakfast	
<input type="checkbox"/> One / <input type="checkbox"/> two hours after the start of breakfast (meal No. 1)	
<input type="checkbox"/> One / <input type="checkbox"/> two hours after the start of lunch (meal No. 2)	
<input type="checkbox"/> One / <input type="checkbox"/> two hours after the start of dinner (meal No. 3)	

Ketone Testing

Test every morning until you have seven days of negative or trace ketones. Then, decrease the every other morning. Call your health care provider if they are usually small, moderate or large.