

# Weekly Blood Glucose and Medication Log

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date		Breakfast Time:_____	Lunch Time:_____	Dinner Time:_____	Bedtime Time:_____	Notes
	Blood Sugar					
	Insulin/ Medication					
Date		Breakfast Time:_____	Lunch Time:_____	Dinner Time:_____	Bedtime Time:_____	Notes
	Blood Sugar					
	Insulin/ Medication					
Date		Breakfast Time:_____	Lunch Time:_____	Dinner Time:_____	Bedtime Time:_____	Notes
	Blood Sugar					
	Insulin/ Medication					
Date		Breakfast Time:_____	Lunch Time:_____	Dinner Time:_____	Bedtime Time:_____	Notes
	Blood Sugar					
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Date		Breakfast Time:_____	Lunch Time:_____	Dinner Time:_____	Bedtime Time:_____	Notes
	Blood Sugar					
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Date		Breakfast Time:_____	Lunch Time:_____	Dinner Time:_____	Bedtime Time:_____	Notes
	Blood Sugar					
	Insulin/ Medication					
Date		Breakfast Time:_____	Lunch Time:_____	Dinner Time:_____	Bedtime Time:_____	Notes
	Blood Sugar					
	Insulin/ Medication					

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