FLOW SHEET FOR HOME BLOOD GLUCOSE MONITORING

Name: _____

Physician: _____

Prescribed Frequency for monitoring: _____

_____

Date	Fasting	2 hours after bkft.	Just before lunch	2 hours after lunch	Just before supper	2 hours after supper	Bedtime	3:00 am

Eastern Carolina Family Practice Center
Annette Peery, RN, MSN, CDE
9/98