

PATIENT NAME:



To assist in choosing the most suitable insulin for your patient or to help adjust their insulin dose

Please make sure you bring this completed form to your next healthcare professional appointment

		DAY 1						DAY 2						DAY 3									
		Date / /						Date / /						Date / /									
		Breakfast		Lunch		Dinner		Before bed	Breakfast		Lunch		Dinner		Before bed	Breakfast		Lunch		Dinner		Before bed	
		Before	2hrs after	Before	2hrs after	Before	2hrs after		Before	2hrs after	Before	2hrs after	Before	2hrs after		Before	2hrs after	Before	2hrs after	Before	2hrs after		
BLOOD GLUCOSE RANGE	High	Time																					
	Insulin Type (please circle correct type)	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid	Rapid
		Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal	Basal
		Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix	Mix
	Units																						
	High	>16.7 mmo/L																					
		14.5 - 16.7 mmo/L																					
		12.3 - 14.4 mmo/L																					
		10.1 - 12.2 mmo/L																					
		7.8 - 10.0 mmo/L																					
Just right	6.2 - 7.7 mmo/L																						
	4.5 - 6.1 mmo/L																						
Too low	2.8 - 4.4 mmo/L																						
	<2.8 mmo/L																						
		Your comments						Your comments						Your comments									