

**CURRENT DIABETES MEDICINES/INSULIN:
TYPE, DOSE AND FREQUENCY**

Patient Name: _____ Home Phone: _____ Cell Phone: _____
 DOB: _____ Work Phone: _____

Gestational Diabetes? Yes _____ No _____
 If Gestational, are post readings 1 or 2 hrs after meals? _____

Breakfast: _____
 Lunch: _____
 Dinner: _____
 Bedtime: _____
 Doctor: Gaynes-Kaplan Argento Hagen Naglieri
 Cunningham Karon Corriere Tello Ni Natsag
 Fax # 301-953-3543

Blood Sugar Reading Types							Note recent medication change and date of change.
Date	Fasting	Post Breakfast	Pre-Lunch	Post-Lunch	Pre-Dinner	Post-Dinner	Bed Time

Special concerns or adverse events: _____