

MARYLAND ENDOCRINE, P.A.
 10710 CHARTER DRIVE, SUITE 410
 COLUMBIA, MD 21044
**CURRENT DIABETES MEDICINES/INSULIN:
 TYPE, DOSE AND FREQUENCY**

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

Breakfast: _____
 Lunch: _____
 Dinner: _____
 Bedtime: _____
 Doctor: _____

Gaynes-Kaplan Argento Hagen Naglieri
 Karon Corriere Natsag Levitt Jenkins and Lizama-Hernandez
 Fax # 301-953-3543 email: mdendointake@gmail.com for blood glucose

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

Blood Sugar Readings. Please put in column that is the best description.

(For exercise, note time and duration)

Date	Fasting	Post Breakfast	Pre-Lunch	Post-Lunch	Pre-Dinner	Post-Dinner	Bedtime	Exercise?	Note recent medication change and date of change.

Special concerns or adverse events: _____