

Maryland Endocrine, P.A.

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Columbia, MD 21044

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Patient Name:

DOB:

Work Phone:

Home Phone:

- | | | | | |
|---|-----------------------------------|-----------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Gaynes-Kaplan | <input type="checkbox"/> Argento | <input type="checkbox"/> Nagliere | <input type="checkbox"/> Natsag | <input type="checkbox"/> Jenkins |
| <input type="checkbox"/> Lizama-Hernandez | <input type="checkbox"/> Corriere | <input type="checkbox"/> Gupta | <input type="checkbox"/> Levitt | <input type="checkbox"/> Karon |

Current Diabetes Medicines / Insulin:

Type, Dose, and Frequency

Breakfast: _____

Lunch: _____

Dinner: _____

Bedtime: _____

Gestational Diabetes, or have diabetes and pregnant?

Yes

No

If Gestational, are post reading 1 or 2 hours after meals?

Blood Sugar Reading. 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.

Special concerns or adverse events: _____