Hendricks Regional Health

Hendricks Endocrinology

Blood Sugar Log Sheet

Phone 317-745-7445
Fax 317-745-7449

Patients Name_____ DOB_____
Phone Number_____

Please list your diabetes medications: **Physician_____**

Insulin:

Humalog _____ _____ _____ _____
Novolog _____ _____ _____ _____
Lantus _____ _____ _____ _____
Levemir _____ _____ _____ _____
Apidra _____ _____ _____ _____
Supplemental pre-meal Insulin _____ _____ _____
Oral Medications _____
Victoza _____
Byetta _____

Date	Breakfast	2 hr post breakfast	Lunch	2 hr post lunch	Dinner	Bedtime	3 am