DIABETES MONITORING RECORD FOR INTENSIVE THERAPY

Joslin Clinic

JC# _____

Attention to: _____ Name: _____

Date to send: _____ Work Phone #: ( ) _____

Date of Fax: _____ Home Phone #: ( ) _____

Fax #: (216) 363-3304

_____
Street Address

_____
City State Zip

Date 20___	GLUCOSE MONITORING RESULTS					INSULIN DOSES								Comments
	Before Breakfast	Before Lunch	Before Supper	At Bedtime	Other	Before Breakfast		Before Lunch		Before Supper		Bedtime		
						Rapid:	Long:	Rapid:	Long:	Rapid:	Long:	Rapid:	Long:	

In "Comments" Section above record variations to Activity, Food Consumption, or Timing

GENERAL COMMENTS: _____

_____

_____

Physician / NP / Diabetes Educator: _____ Date: _____

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JOSLIN DIABETES CENTER AFFILIATE at St. Vincent Charity Hospital
Phone: 216-363-3301 Fax: 216-363-3304

ST. VINCENT CHARITY
MEDICAL CENTER
2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com
A Ministry of the Sisters of Charity Health System

PATIENT LABEL

SVPOD-125 (7/04)
MR.JDCMONITOR