

# DIABETES MONITORING RECORD

Joslin Clinic

JC# \_\_\_\_\_

Attention to: \_\_\_\_\_

Name: \_\_\_\_\_

Date to send: \_\_\_\_\_

Work Phone #: (     ) \_\_\_\_\_

Date of Fax: \_\_\_\_\_

Home Phone #: (     ) \_\_\_\_\_

Fax #: (617) 732-2574

\_\_\_\_\_ Street Address

City

State

Zip

Date 20__	GLUCOSE MONITORING RESULTS					INSULIN DOSES								Comments	
	Before Break- fast	Before Lunch	Before Supper	At Bed- time	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

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A Ministry of the Sisters of Charity Health System

PATIENT LABEL



**MR.JDCMONITOR**