Name:_____

Phone #_____
Phone #_____

UCSF Diabetes Log
FAX to 415-476-8214
Call to inform us that you faxed!

415-353-7337

Insulin:Carb Ratios - _____

High Sugar Correction Ratios -_____

Target Blood Sugars_____

Date	12A	1A	2A	3A	4A	5A	6A	7A	8A	9A	10A	11A	12P	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P	Notes
Glucose																									
Total Carbs																									
Meal Bolus																									
High B.S. Bolus																									
Basal Insulin																									
Exercise (Min)																									
Urine Ketones																									
Set Change																									

Date	12A	1A	2A	3A	4A	5A	6A	7A	8A	9A	10A	11A	12P	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P	Notes
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Date	12A	1A	2A	3A	4A	5A	6A	7A	8A	9A	10A	11A	12P	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P	Notes
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