

Glucose Intake Sheet

Goals for blood glucose

Before breakfast (fasting): Less than 95
 1 hour after meals: Less than 140
 2 hours after meals: Less than 120

Name: _____

Date of Birth: _____

Due Date: _____

Phone Number: _____

Medication or Insulin: _____

DATE	Before breakfast	1h or 2h after breakfast	1h or 2h after lunch	1h or 2h after dinner

- If blood glucose is less than 60, drink a small cup of milk (6 oz)
- If blood glucose is more than 200, call the office
- Please circle (or note) whether post-meal glucose is 1h or 2h

Please fax or email results on MONDAY mornings
 Fax to 212-722-7185, attn: Casey Seiden MS, RD, CDN, DCES
 Email to gdm@mfmnyc.com

