DIABETES TREATMENT LOG

STUDENT: _____ SCHOOL: _____ GRADE: ____ TEACHER: _____ ROOM#: _____
PARENT/GUARDIAN TELEPHONE #: HOME: _____ WORK/CELL: _____

Target Glucose: _____

SIGNATURE/TITLE/INITIALS _____ SIGNATURE/TITLE/INITIALS _____
SIGNATURE/TITLE/INITIALS _____ SIGNATURE/TITLE/INITIALS _____

DATE	TIME	SYMPTOMS	BLOOD GLUCOSE	KETONES (Negative, Trace, small, moderate or large)	Carbs		INSULIN DOSE (units)	Timing of Dose (before or after meal)	ACTION	INITIALS	
					Ratio Used	Grams					