

# Diabetes Case Conferencing

## Patient food and blood glucose level record

Please complete and bring to your appointment



### Over the four days before your appointment, fill in the daily record tables:

- **Test** your Blood Glucose Level (BGL) for the meals highlighted in light blue
- **Record** the readings in the BGL columns highlighted in light blue
- **List** your insulin dose, everything you eat and drink for **all meals** (including the amount of each food/drink), and any physical activity completed

For assistance, please contact your local GP

# Patient food and blood glucose level record

**Day 1.** Date: \_\_ / \_\_ / \_\_\_\_



South Western Sydney  
Local Health District

BGL: before meal	Your meal: write down everything you ate and drank, including approximate amounts (e.g. one cup of cornflakes)	BGL: two hours after meal	Comments/Notes
BGL: <input type="text"/>	Insulin dose: Breakfast:	BGL: <input type="text"/>	
	Morning tea:		
BGL: <input type="text"/>	Insulin dose: Lunch:	BGL: <input type="text"/>	
	Afternoon tea:		
BGL: <input type="text"/>	Insulin dose: Evening meal:	BGL: <input type="text"/>	
	Insulin dose: Supper:  Any additional food:		
Please write down any physical activity completed today:			

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South Western Sydney  
Local Health District

**Day 2.** Date: \_\_ / \_\_ / \_\_\_\_

BGL: before meal	Your meal: write down everything you ate and drank, including approximate amounts (e.g. one cup of cornflakes)	BGL: two hours after meal	Comments/Notes
BGL: <input type="text"/>	Insulin dose: Breakfast:	BGL: <input type="text"/>	
	Morning tea:		
BGL: <input type="text"/>	Insulin dose: Lunch:	BGL: <input type="text"/>	
	Afternoon tea:		
BGL: <input type="text"/>	Insulin dose: Evening meal:	BGL: <input type="text"/>	
	Insulin dose: Supper:  Any additional food:		
Please write down any physical activity completed today:			

# Patient food and blood glucose level record

**Day 3.** Date: \_\_ / \_\_ / \_\_\_\_



South Western Sydney  
Local Health District

BGL: before meal	Your meal: write down everything you ate and drank, including approximate amounts (e.g. one cup of cornflakes)	BGL: two hours after meal	Comments/Notes
BGL: <input type="text"/>	Insulin dose: Breakfast:	BGL: <input type="text"/>	
	Morning tea:		
BGL: <input type="text"/>	Insulin dose: Lunch:	BGL: <input type="text"/>	
	Afternoon tea:		
BGL: <input type="text"/>	Insulin dose: Evening meal:	BGL: <input type="text"/>	
	Insulin dose: Supper:  Any additional food:		
Please write down any physical activity completed today:			

# Patient food and blood glucose level record

**Day 4.** Date: \_\_ / \_\_ / \_\_\_\_



South Western Sydney  
Local Health District

BGL: before meal	Your meal: write down everything you ate and drank, including approximate amounts (e.g. one cup of cornflakes)	BGL: two hours after meal	Comments/Notes
BGL: <input type="text"/>	Insulin dose: Breakfast:	BGL: <input type="text"/>	
	Morning tea:		
BGL: <input type="text"/>	Insulin dose: Lunch:	BGL: <input type="text"/>	
	Afternoon tea:		
BGL: <input type="text"/>	Insulin dose: Evening meal:	BGL: <input type="text"/>	
	Insulin dose: Supper:  Any additional food:		
Please write down any physical activity completed today:			