Diabetes Self-Care Record

MR #

DOB: _____ Insulin pump basal rates: _____

Patient Name: _____ Current Diabetes Medications and Doses: _____

Patient Phone: _____ _____

The Endocrine Clinic, P.C.
Endocrinology and Diabetes of Adults and Children
5659 S. Rex Road Memphis, TN 38119
Phone: 901-763-3636 Fax: 901-763-3694

Month/day	Medication (Insulin record)				Blood Glucose Record (mg/dl)								Notes
	breakfast(B)	lunch(L)	supper(S)	bedtime(HS)	B	after	L	after	S	after	HS	3AM	

Instructions: _____

_____

_____

_____

Physician Signature: _____

FPS #40533