

GESTATIONAL DIABETES

Home Log

Patient: _____

MRN: _____

Date: _____

Regimen:

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:								
Fasting:								
BREAKFAST: <i>Comments / Diet</i>								
LUNCH: <i>Comments / Diet</i>								
DINNER: <i>Comments / Diet</i>								

GDM glucose goals:

Fasting <95

2hr post-meals <120