

BGL RECORDING SHEET IN ACCORDANCE WITH BGL MONITORING PLAN

Name: _____

Doctor's Name: _____

This form must be seen and initialed by the Doctor at every visit.

Date	Time	BGL Level	Staff	Doctor's Initial	Date	Time	BGL Level	Staff	Doctor's Initial

LEGEND: S - Sleeping R - Refusal A - Absent N - Not Available L - Leave O - Other

See patient's notes for further information if required.

BLOOD GLUCOSE LEVEL IN ACCORDANCE WITH DIABETES CARE PLAN

Name:

Doctor's Name:

This form must be seen and initialed by the Doctor at every visit.

Date	Time	BGL Level	Staff	Doctor's Initial	Date	Time	BGL Level	Staff	Doctor's Initial

LEGEND: S - Sleeping R - Refusal A - Absent N - Not Available L - Leave O - Other

See patient's notes for further information if required.