

## GLUCOSE LOG

\*\*\*Bring logs to every visit\*\*\*

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Next Appointment Date &amp; Time:</b>
----------------------	-----------------------	--

<b>Current Blood Sugar Medications:</b> please include dosage and how many times a day you take the medication, if any. <input type="checkbox"/> Metformin: _____ <input type="checkbox"/> Humulin/Novolin N: _____ <input type="checkbox"/> Novolog/Humalog: _____	<b><u>Target Blood Sugar Levels</u></b> Fasting: no higher than 95 1 hour after eating: no higher than 140 2 hours after eating: no higher than 120
---	--

Date	Fasting	1 or 2 Hours AFTER			If your blood sugar is out of range, please list what you ate/drank for that meal
		BREAKFAST	LUNCH	DINNER	
		(circle either) 1    2	(circle either) 1    2	(circle either) 1    2	
		(circle either) 1    2	(circle either) 1    2	(circle either) 1    2	
		(circle either) 1    2	(circle either) 1    2	(circle either) 1    2	
		(circle either) 1    2	(circle either) 1    2	(circle either) 1    2	
		(circle either) 1    2	(circle either) 1    2	(circle either) 1    2	
		(circle either) 1    2	(circle either) 1    2	(circle either) 1    2	
		(circle either) 1    2	(circle either) 1    2	(circle either) 1    2	

<b>If your MAIN office for appointments is (check one):</b> <input type="checkbox"/> North Austin (Renfert Way) <input type="checkbox"/> Cedar Park <input type="checkbox"/> South Austin (James Casey South), <input type="checkbox"/> CTMC San Marcos <input type="checkbox"/> Downtown Austin (IH35) <input type="checkbox"/> Harker Heights <input type="checkbox"/> College Station, <input type="checkbox"/> Fredericksburg, <input type="checkbox"/> Georgetown, <input type="checkbox"/> Gonzales, <input type="checkbox"/> LaGrange, <input type="checkbox"/> Marble Falls	<b>Please email your glucose logs WEEKLY to:</b> <input type="checkbox"/> AMFM.Nurse@hcahealthcare.com <input type="checkbox"/> AMFM.Nurse.CP@hcahealthcare.com <input type="checkbox"/> NAMC.JCaseyefax@hcahealthcare.com <input type="checkbox"/> DowntownRN@hcahealthcare.com <input type="checkbox"/> HHNurse@hcahealthcare.com <input type="checkbox"/> AMFMTelemedRN@hcahealthcare.com
--	--

<b>Please check your main provider:</b>	<input type="checkbox"/> Dr. Adusumalli <input type="checkbox"/> Dr. Bednar <input type="checkbox"/> Dr. DeStefano <input type="checkbox"/> Dr. Haeri <input type="checkbox"/> Dr. Herrera <input type="checkbox"/> Dr. Hill <input type="checkbox"/> Dr. Holliman <input type="checkbox"/> Dr. McDonnold <input type="checkbox"/> Dr. Monsivais <input type="checkbox"/> Dr. Nielsen <input type="checkbox"/> Dr. Singh
---	---