

Diabetes Telephone Log

Name _____ Contact Number _____	Date _____
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Current Diabetes Medication (Name / Dose / Time)

Blood Sugar Readings - Please note special considerations next to abnormal readings, ie. 'sick' or 'birthday party'

Date	Breakfast	Lunch	Supper	Bed

Orders

Date and time patient notified

Date _____ **Time** _____ **Signature** _____