

ECF Blood Glucose Worksheet

Boulder Endocrinology, PLLC
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Patient: _____

Facility name and return fax number: _____

Please record glucose values and meal intake for the week prior to faxing records on the table below (please make notation if insulin given was different from insulin orders listed below):

| Glucose Values | | | | | Intake (% of meal) | | | Notes |
|----------------|------------------|--------------|---------------|---------|--------------------|-------|--------|-------|
| Date | Before Breakfast | Before Lunch | Before Supper | Bedtime | Breakfast | Lunch | Supper | |
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Please record current insulin orders:

Physician notes/recommendations (leave blank, physician will return recs):

 Christopher R. Fox, MD Date _____