

Logbook: 1-Day BG, Carb, and Insulin for Injections

	Patient Name:							DOB:						Today's Date:									
	Phone#:						Email:							_ Circle: Sun/Mon/Tues/Wed/Thurs/Fri/Sat									
	12 A			4A	5A	6A	7A	8A	9A	10A	11A	12P	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11 P
Blood Glucose (BG)																							
Carbs (g)																							
Insulin																							

Notes (Include Changes in Food, I:C ratio, ISF, Target BG, How I feel today, Pump Alarms, Ketones, Low BG Treatments)

Time:	Qty:	Food/Drink:	Carbs:	Time:	Qty:	Food/Drink:	Carbs:	Time:	Qty:	Food/Drink:	Carbs:		
		Breakfast				Lunch			Dinner				
		Total Carb:				Total Carb:				Total Carb:			
		Morning Snack				Afternoon Snack			Evening / Bedtime Snack				
		Total Carb:				Total Carb:				Total Carb:			