BG FLOWSHEET-Dr._____

Patient _____

Patient's Phone # _____

Patient's Fax # _____

Diet

Breakfast _____ gms CHO

Lunch _____ gms CHO

Dinner _____ gms CHO

AM Snack _____ gms CHO

PM Snack _____ gms CHO

HS Snack _____ gms CHO

Starting Basal Rate(s)

Date _____ 12 A- _____ - _____ - _____ - _____

Date	F	gms	insul	2pB	L	gms	Insul	2pL	D	gms	insul	2pD	HS	2A	Misc

I:C Ratio						Basal Rate Changes				
Date						Date	Date	Date	Date	Date
Breakfast	1:___	1:___	1:___	1:___	1:___	12A-___:___	12A-___:___	12A-___:___	12A-___:___	12A-___:___
Lunch	1:___	1:___	1:___	1:___	1:___	___-___:___	___-___:___	___-___:___	___-___:___	___-___:___
Dinner	1:___	1:___	1:___	1:___	1:___	___-___:___	___-___:___	___-___:___	___-___:___	___-___:___
HS	1:___	1:___	1:___	1:___	1:___	___-___:___	___-___:___	___-___:___	___-___:___	___-___:___