

Diabetes Management Chart

Medical Institution Details

Name:

Address:

Phone Number:

Website:

Patient Details

Full Name:

Date of Birth:

Gender:

Patient ID:

Contact Number:

Email Address:

Referred by Dr./Physician:

Diabetes Type

- Type 1
- Type 2
- Gestational
- Other:

Blood Glucose Monitoring

Date	Fasting (mg/dL)	Post Breakfast (mg/dL)	Pre-Lunch (mg/dL)	Post-Lunch (mg/dL)	Pre-Dinner (mg/dL)	Post-Dinner (mg/dL)	Bedtime (mg/dL)

Medication and Dosage

Medication Name	Dosage	Frequency	Time of Day	Notes

Insulin Administration (if applicable)

Date	Type of Insulin	Dose (units)	Time Administered

Physical Activity

Date	Type of Activity	Duration (minutes)	Intensity

Dietary Intake (Sample)

Date	Breakfast	Lunch	Dinner	Snacks	Notes

Symptoms or Side Effects Noted

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HbA1c Test Results (Last 12 months)

Date	Result (%)	Notes

Recommendations & Physician's Notes

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Next Appointment:

Physician's Signature: _____ **Date:** _____

Note: This chart is intended for tracking and management purposes. Always consult with a healthcare professional regarding any concerns or changes in treatment.

This template provides a comprehensive view of a patient's diabetes management, incorporating various aspects like blood glucose monitoring, medication, insulin administration, physical activity, dietary intake, and more.