## Glucose Levels Monitoring 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:

Blood Glucose Monitoring

| Date | Time | Reading <br> (mg/dL) | Before/ <br> After Meal | Meal Type <br> (Breakfast/ <br> Lunch/ <br> Dinner) | Notes (e.g., <br> exercise, <br> stress, <br> medication) |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Medication and Dosage

| Medication <br> Name | Dosage | Frequency | Time of Day | Notes |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Physical Activity

| Date | Type of <br> Activity | Duration <br> (minutes) | Intensity | Time | Effect on <br> Glucose (if <br> known) |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Dietary Intake (Sample)

| Date | Meal Time |  <br> Beverage <br> Intake | Carbohydrate <br> Content (if <br> known) | Notes |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Symptoms or Side Effects Noted

## Recommendations \& Physician's Notes

## Next Appointment:

Physician's Signature: $\qquad$ Date: $\qquad$

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

