

# Ketone Measurement Chart

Patient information			
Name:		Date of birth:	
Medical record number:		Date of chart initiation:	
Instructions for patients			
Measurement details			
Date & time	Ketone level (mmol/L)	Fasting / post-meal	Notes (meals, exercise, symptoms)
Summary and analysis			
Observations:			
Recommendations:			

**Patient notes**

Symptoms:

Medical changes:

**Follow-up plan and medical professional's signature**

Follow-up plan:

Medical professional's signature:

Date: