

## Self-Monitoring of Blood Glucose chart

*Patient name:*

*Age/Gender:*

*EMR #*

*Latest HbA1c:*

| Date | Breakfast |         |       | Lunch  |         |       | Dinner |         |       |               | 3 am |     |
|------|-----------|---------|-------|--------|---------|-------|--------|---------|-------|---------------|------|-----|
|      | Before    | Insulin | After | Before | Insulin | After | Before | Insulin | After | Basal Insulin |      | OHA |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |
|      |           |         |       |        |         |       |        |         |       |               |      |     |

Record your blood sugar values **before and 2 hours** after each meal; **Insulin:** write the total units of insulin given; types of insulins includes all short acting conventional and analogue and all premixed insulins. **Basal bolus:** long acting analogue insulins such as Glargine, Determir etc. **OHA:** Oral Hypoglycemic Agents. If more frequent blood sugar monitoring is done use separate rows below each day's entry or use separate sheet. All entries should be in clear handwriting without any over writing.

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