

# **BLOOD SUGAR Tracker**





# CONTACT LIST

NAME:	SPECIALIZATION:
CONTACT:	EMAIL ID:
ADDRESS:	NOTES:

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CONTACT:	EMAIL ID:
ADDRESS:	NOTES:

NAME:	SPECIALIZATION:
CONTACT:	EMAIL ID:
ADDRESS:	NOTES:

NAME:	SPECIALIZATION:
CONTACT:	EMAIL ID:
ADDRESS:	NOTES:

# MEDICAL INSURANCE

PROVIDER:

POLICY NUMBER:

PLAN TYPE:

TELEPHONE:

EMAIL:

COVERAGE:

NOTES:

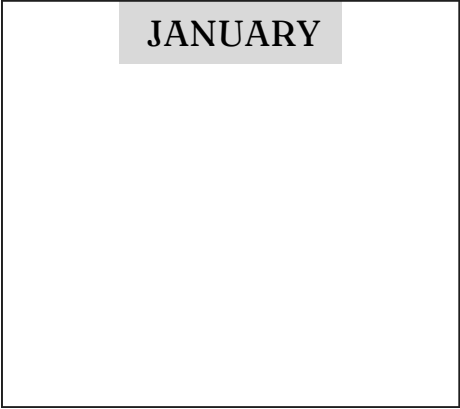




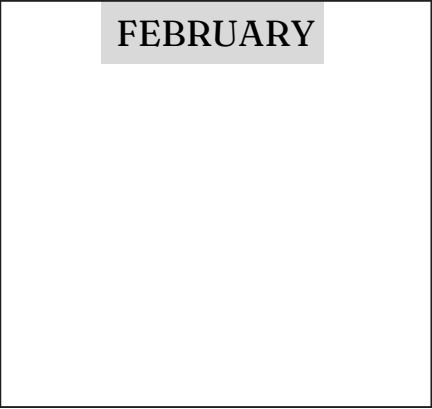
# MONTHLY HEALTH GOALS

YEAR OF:

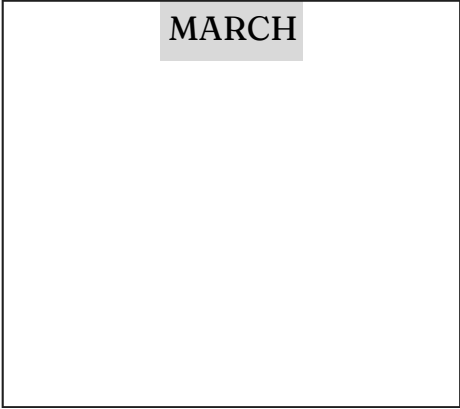
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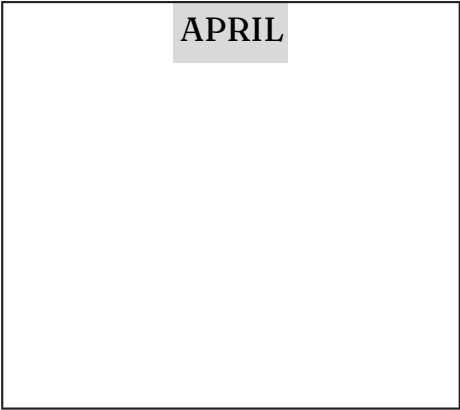
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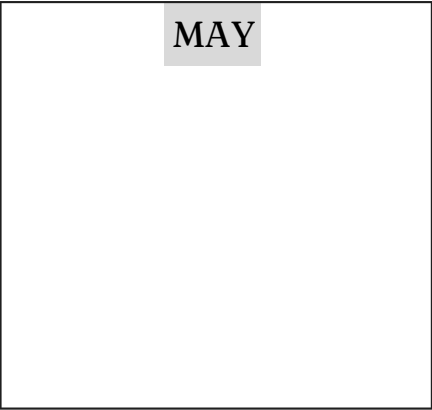
MARCH



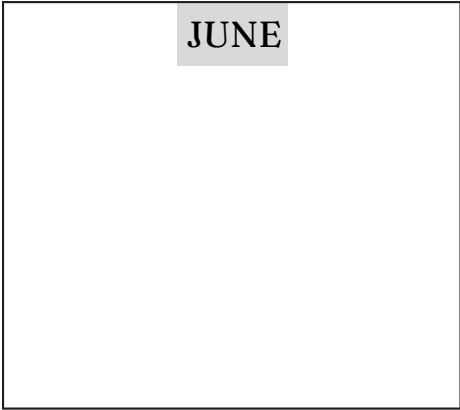
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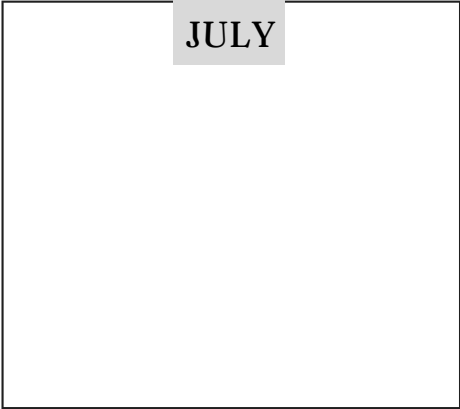
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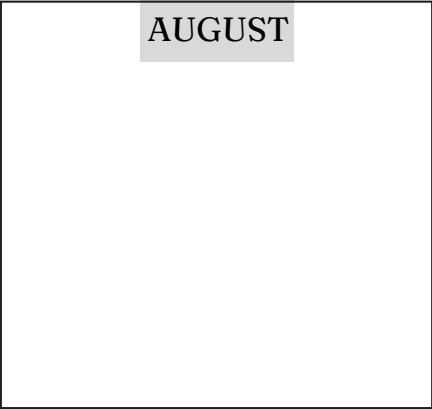
JUNE



JULY



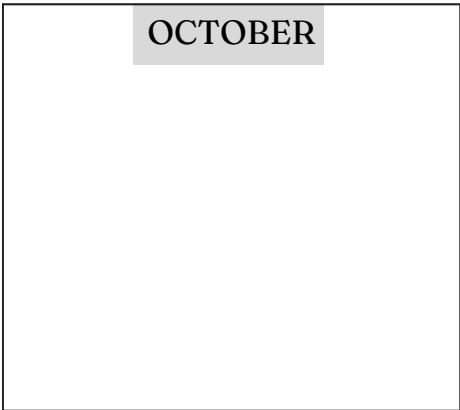
AUGUST



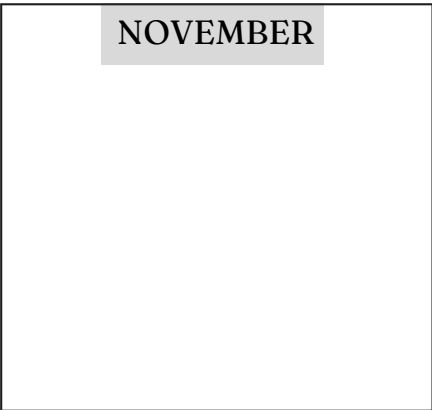
SEPTEMBER



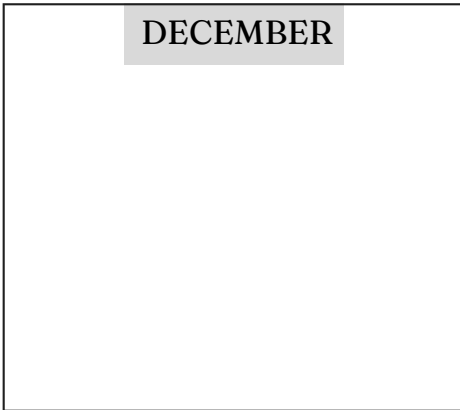
OCTOBER



NOVEMBER



DECEMBER





# BLOOD PRESSURE TRACKER

MONTH OF:

DAY	MORNING		EVENING		NOTES
	BP	PULSE	BP	PULSE	
1					
2					
3					
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# BLOOD SUGAR LOG

DATE:

BREAKFAST	TIME	BEFORE	NOTES
		AFTER	
SNACK	TIME	BEFORE	NOTES
		AFTER	
LUNCH	TIME	BEFORE	NOTES
		AFTER	
SNACK	TIME	BEFORE	NOTES
		AFTER	
DINNER	TIME	BEFORE	NOTES
		AFTER	

NOTES

# BLOOD SUGAR TRACKER

WEEK OF:

DATE		MEALS	BEFORE	1 HR	2 HR	3 HR
MON		Breakfast				
		Lunch				
		Dinner				
		Snacks				
TUE		Breakfast				
		Lunch				
		Dinner				
		Snacks				
WED		Breakfast				
		Lunch				
		Dinner				
		Snacks				
THU		Breakfast				
		Lunch				
		Dinner				
		Snacks				
FRI		Breakfast				
		Lunch				
		Dinner				
		Snacks				
SAT		Breakfast				
		Lunch				
		Dinner				
		Snacks				
SUN		Breakfast				
		Lunch				
		Dinner				
		Snacks				

# BLOOD SUGAR TRACKER

WEEK OF:

DATE		MEALS	BLOOD SUGAR		NOTES
			BEFORE	AFTER	
MON		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
TUE		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
WED		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
THU		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
FRI		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
SAT		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
SUN		Breakfast			
		Lunch			
		Dinner			
		Bedtime			

# BLOOD SUGAR TRACKER

WEEK OF:

BEFORE		MEALS		1HR	2HRS	3HRS
MON		B				
		L				
		D				
		S				
TUE		B				
		L				
		D				
		S				
WED		B				
		L				
		D				
		S				
THU		B				
		L				
		D				
		S				
FRI		B				
		L				
		D				
		S				
SAT		B				
		L				
		D				
		S				
SUN		B				
		L				
		D				
		S				





# BLOOD SUGAR TRACKER

WEEK OF:

DATE		Time	PRE-MEAL BLOOD SUGAR	CARBS	INSULIN TAKEN?	BLOOD SUGAR 2 HRS LATER	INSULIN TAKEN?
MON		Breakfast					
		Snack					
		Lunch					
		Snack					
		Dinner					
		Snack					
TUE		Breakfast					
		Snack					
		Lunch					
		Snack					
		Dinner					
		Snack					
WED		Breakfast					
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		Lunch					
		Snack					
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FRI		Breakfast					
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		Lunch					
		Snack					
		Dinner					
		Snack					
SAT		Breakfast					
		Snack					
		Lunch					
		Snack					
		Dinner					
		Snack					
SUN		Breakfast					
		Snack					
		Lunch					
		Snack					
		Dinner					
		Snack					































































































































































































































# WATER TRACKER

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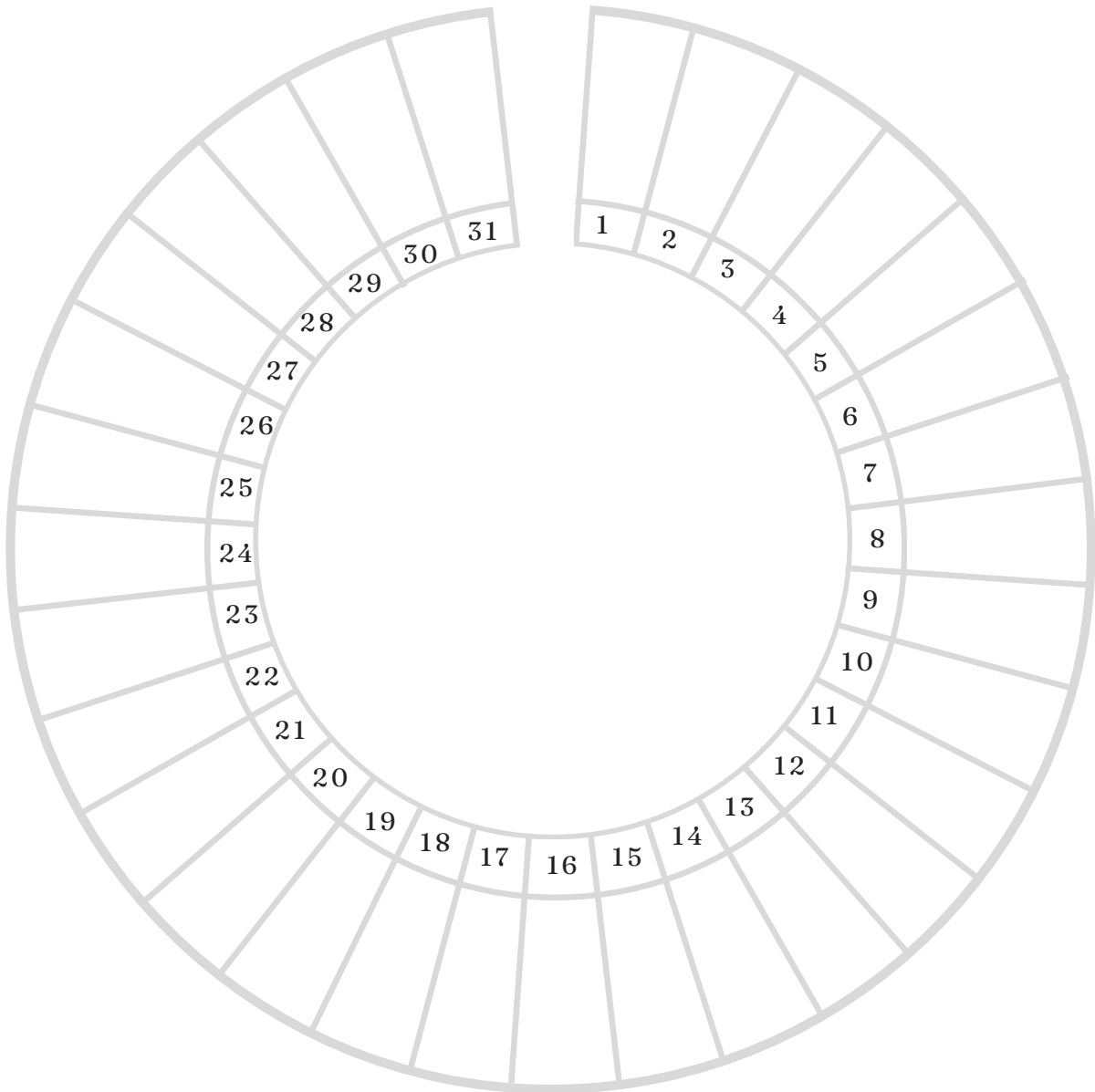
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# MOOD TRACKER

MONTH \_\_\_\_\_



NEUTRAL

GRUMPY

RELAXED

TIRED

SICK

HAPPY

STRESSED

SAD

ANGRY



# APPOINTMENT NOTES

<b>DOCTOR/CLINICIAN:</b>	<b>DATE:</b>
	<b>PLACE:</b>
<b>APPOINTMENT PURPOSE:</b>	
<b>QUESTIONS TO ASK:</b>	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<b>REMEMBER TO BRING:</b>	
<b>DOCTOR NOTES:</b>	
<b>AFTER APPOITMENT TO DO LIST:</b>	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	





