EDMONTON IDEA CLINIC

Your Name: **Target BS_____** **Dietitian:** **Diabetic Nurse:** **Fax: 780 407 8291**

Date	Before Brkfast BS / Insulin	Breakfast I:C CF:	2 hr blood sugar	Snack	Before lunch BS / Insulin	Lunch I:C CF:	2 hr blood sugar	Snack	Before supper BS / Insulin	Supper I:C CF:	2 hr blood sugar	Bedtime BS / Insulin	Bedtime snack	3AM blood sugar

Basal Rate/Insulin Regimen:

Legend: I:C = insulin to carbohydrate ratio
CF = Correction factor
BG = Blood sugar (blood glucose)