

DWC



DWC DAILY DIABETIC RECORD

Name: _____

Date of Birth: ____ / ____ / ____

Date (write date above each column)																				
Fasting Sugar (first thing in morning)																				
Breakfast (2 hours after eating)																				
Lunch (2 hours after eating)																				
Dinner (2 hours after eating)																				

Morning Insulin— Regular (units)																				
Morning Insulin— NPH (units)																				

Evening Insulin— Regular (units)																				
Evening Insulin— NPH (units)																				

Weight first thing in morning (lbs.)																				
Ketones with first morning urine																				

Please fill in this form completely. Bring this form with to EVERY office visit.