

Weekly blood glucose chart

Name: _____

Physician's name: _____

Medication types: _____

Normal results for blood glucose readings

➤ **Talk to your doctor about your specific glucose results**

Date	After breakfast	After lunch	After dinner	Other	Insulin/medication	Notes about day: (Skipped meals, exercise, food intake)
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
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	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	

Member Services 1-844-396-2329 (TTY 711)
 Hours are Monday through Friday from 7 a.m. to 7 p.m.
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