

Endocrine Kids

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C:I Ratio

B _____ *AM S* _____ *L* _____ *PM S* _____ *D* _____ *BT S* _____

Correction: _____

Date	Insulin Type	Insulin						Blood Sugar / Urine Ketones					Comments Changes in amount or timing of food or physical activity? Illness? Emotional distress?
		B	S	L	S	D	BT	Breakfast	Lunch	Dinner	Bedtime	Night	
Monday	NL/H												
_____	Lantus												
	Carbs												
Tuesday	NL/H												
_____	Lantus												
	Carbs												
Wednesday	NL/H												
_____	Lantus												
	Carbs												
Thursday	NL/H												
_____	Lantus												
	Carbs												
Friday	NL/H												
_____	Lantus												
	Carbs												
Saturday	NL/H												
_____	Lantus												
	Carbs												
Sunday	NL/H												
_____	Lantus												
	Carbs												