Health
South Eastern Sydney
Local Health District

Facility:

FAMILY NAME	
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ______ / ______ / ______	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

OUTPATIENT GESTATIONAL DIABETES MELLITUS SELF REPORTING BLOOD GLUCOSE RECORD

- **Phone the Diabetes Education Centre 9113 2774 between 9am- 12 midday Monday- Friday or treating Endocrinologist / Obstetrician if you have 3 blood glucose levels elevated within one week.**
- **Times to test blood glucose levels: Before breakfast when you first wake up and 2 hours after the first mouthful of breakfast, lunch and dinner**

	INSULIN INJECTIONS					**BLOOD GLUCOSE LEVELS** (mmol/L)				
		Units given				BREAKFAST		LUNCH	DINNER	
DATE	TYPE of INSULIN	PRE BREAK FAST	PRE LUNCH	PRE DINNER	BEFORE BED	Before ≤ 5.0	After ≤ 6.7	After ≤ 6.7	After ≤ 6.7	Comments

DRAFT COPY ONLY

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

BARCODE HERE
SMR000000

This space for form information, notations, trial dates, Etc.... ...