



*GESTATIONAL DIABETES*  
*Home Log*

Patient: \_\_\_\_\_

MRN: \_\_\_\_\_

Date: \_\_\_\_\_

*Regimen:*

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:								
<b>Fasting:</b>								
<b>BREAKFAST:</b>								
<i>Comments / Diet</i>								
<b>LUNCH:</b>								
<i>Comments / Diet</i>								
<b>DINNER:</b>								
<i>Comments / Diet</i>								

**GDM glucose goals:**

Fasting <95

2hr post-meals <120