

Patient Name:

Date of Birth:

**Constance Stewart M.D.**  
*Endocrinologist*  
 516-766-2199

# Meal and Blood Sugar Log

Enter the date followed by your breakfast, lunch and dinner in the spaces provided.

**Diabetics** should also enter their blood glucose level before **(B)** and 2 hours after **(A)** each meal.

Date										
	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
<b>Breakfast</b>	<b>B</b>									
	<b>A</b>									
	<b>Meal</b>									
<b>Lunch</b>	<b>B</b>									
	<b>A</b>									
	<b>Meal</b>									
<b>Dinner</b>	<b>B</b>									
	<b>A</b>									
	<b>Meal</b>									

**Medications:**

**Doctor Recommendations:**