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***PLEASE REMEMBER TO BRING YOUR BLOOD GLUCOSE METER TO EVERY ANTENATAL APPOINTMENT***

**Blood Glucose level**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN\_\_\_\_\_\_\_\_\_\_\_\_**

**Week Commencing\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Fasting** | **Post breakfast 2 hrs** | **Pre Lunch** | **Post lunch 2 hrs** | **Pre dinner** | **Post dinner****2 hrs** | **Pre Bed** |
| **Monday** |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |

Target levels; pre meals less than **5mmol**

 2 hrs post meals less than **7mmol**

 **Diabetes number; 086 7872434 please phone once weekly Monday – Thursday 09.00-12.30**

**If you do not get a reply please leave a message.**

|  |  |
| --- | --- |
| **Monday**Breakfast: Snack: Lunch:Snack:Dinner: Snack:  | **Tuesday**Breakfast: Snack: Lunch:Snack:Dinner: Snack:  |
| **Wednesday**Breakfast: Snack: Lunch:Snack:Dinner: Snack:  | **Thursday**Breakfast: Snack: Lunch:Snack:Dinner: Snack:  |
| **Friday**Breakfast: Snack: Lunch:Snack:Dinner: Snack:  | **Saturday**Breakfast: Snack: Lunch:Snack:Dinner: Snack:  |
| **Sunday**Breakfast: Snack: Lunch:Snack:Dinner: Snack:  | **Notes** |