BLOOD / SENSOR GLUCOSE AND INSULIN TITRATION RECORD FORM

Health Service:_____

Affix patient identification label in this box

U.R. No:_____

Surname:_____

Given Names: _____

DOB:_____ Sex/Gender:_____

Type of diabetes: ☐ **Type 1** ☐ **Type 2** ☐ **GDM**

Authorisation to titrate completed: ☐ **Yes** ☐ **N/A**

Fasting/Pre Meal BG/SG Target _____ to_____ mmol/L

2 hours Post Meal BG/SG Target _____ to _____ mmol/L

Date/Day	Before breakfast	2hours after	Before lunch	2hours after	Before dinner	2hours after	Before bed	**Comment** *(eg ketones, stressors, changes to diet, activity, medications)*
___/___/___ _____								
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EXAMPLE - NOT FOR REPRODUCTION

BLOOD / SENSOR GLUCOSE INSULIN TITRATION SERVICE RECORD FORM

Health Service:_____

Affix patient identification label in this box

U.R. No:_____

Surname:_____

Given Names: _____

DOB:_____ Sex/Gender:_____

Type of diabetes: □ **Type 1** □ **Type 2** □ **GDM**

Authorisation to titrate completed: □ **Yes** □ **N/A**

Fasting/Pre Meal BG/SG Target _____ to _____ mmol/L

2 hours Post Meal BG/SG Target _____ to _____ mmol/L

Date	Before breakfast	2hours after	Before lunch	2hours after	Before dinner	2hours after	Before bed	**Comment** *(e.g. ketones, stressors, changes to diet, activity, medications)*
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EXAMPLE - NOT FOR REPRODUCTION