

NAME: _____ BIRTHDATE: _____

PLEASE EMAIL ONE DAY PRIOR TO APPOINTMENT TO INFO@NUTRITIONASTHERAPY.NET

Dates: _____ to _____ Write down your blood sugar levels on the grey line right when you wake up fasting, 2 hours after eating Brkfst, 2 hours after eating Lunch, 2 hours after eating Dinner, and right before going to bed; also write down everything you eat, drink, and how much

FECHA: (DIA)							
TIME BREAKFAST	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____	Fasting _____
	2 hours after eating Breakfast _____			2 hours after eating Breakfast _____			2 hours after eating Breakfast _____
TIME SNACK							
TIME LUNCHTIME							
		2 hours after eating Lunch _____			2 hours after eating Lunch _____		
TIME SNACK							
TIME DINNER							
			2 hours after eating Dinner _____			2 hours after eating Dinner _____	
TIME SNACK							
TIME EXERCISE							

Before going to sleep _____

Before going to sleep _____

Before going to sleep _____