

GLUCOSE CURVE WORKSHEET

DATE: \_\_\_\_\_

PATIENT: \_\_\_\_\_

Has your pet eaten this morning? \_\_\_\_\_ If yes, what time? \_\_\_\_\_ What food? \_\_\_\_\_

Time of LAST insulin injection: \_\_\_\_\_ How much? \_\_\_\_\_

Change in eating habits? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Change in water consumption? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Change in urination? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Any other needs/concerns? \_\_\_\_\_

OFFICE USE ONLY:

Current Weight: \_\_\_\_\_ Temp: \_\_\_\_\_

TIME: \_\_\_\_\_ BG: \_\_\_\_\_

TIME: \_\_\_\_\_ BG: \_\_\_\_\_ WALK

TIME: \_\_\_\_\_ BG: \_\_\_\_\_

TIME: \_\_\_\_\_ BG: \_\_\_\_\_ WALK

TIME: \_\_\_\_\_ BG: \_\_\_\_\_

CHARGES (Use Charge Sheet if add'l charges needed):

1431	Daycare	
414	Glucometer (Chg per test)	x _____
1111	Office visit-Senior Tech/Dr Review	
1088	Osha Compliance Biohazard Fee	

DOCTOR/TECH NOTES: