|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Week beginning  \_\_\_/\_\_\_/\_\_\_ | Fasting | 2hrs Post BREAKFAST | 2hrs Post LUNCH | 2hrs Post DINNER | Notes (include details such as food consumed that resulted in high blood glucose levels (BGLs), medication changes, or anything that may help us in reviewing your BGLS) |
| MONDAY |  |  |  |  |  |
| TUESDAY |  |  |  |  |  |
| WEDNESDAY |  |  |  |  |  |
| THURSDAY |  |  |  |  |  |
| FRIDAY |  |  |  |  |  |
| SATURDAY |  |  |  |  |  |
| SUNDAY |  |  |  |  |  |

Note: Please email to [midwives@rituranamedical.com.au](mailto:midwives@rituranamedical.com.au) every Monday morning for review.