Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Breakfast | | Lunch | | Dinner | | Comments |
| Date | Urine Ketones (before breakfast) | Before | After |  | After |  | After |  |
|  |  |  |  |  |  |  |  |  |
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**Blood Sugar Targets**

* 5 minutes before meals = Less than 5.3
* 1 hour (after the first bite) after meals = less than 7.8

Staff NOTES

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight Trends/Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current** weeks Pregnant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOCTOR(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* To the patient, please note; AFTER GIVING BIRTH: return to your family doctor/or \_\_\_\_\_\_\_\_\_\_\_\_ for a follow up repeat Glucose Tolerance test (GTT), 6-8 week after giving birth.