

Patient Name: _____

DOB: _____

Telephone: _____



WEEK OF : _____

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Dr. Handa's Blood Sugar diary

Time of day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Before breakfast							
Before Lunch							
Before Supper							
Before Bedtime							

Dr. Handa's Blood Pressure and Heart rate diary

	Reading 1	Reading 2	Reading 3
Day 1	___/___ ___	___/___ ___	___/___ ___
Day 2	___/___ ___	___/___ ___	___/___ ___
Day 3	___/___ ___	___/___ ___	___/___ ___
Day 4	___/___ ___	___/___ ___	___/___ ___
Day 5	___/___ ___	___/___ ___	___/___ ___
Day 6	___/___ ___	___/___ ___	___/___ ___
Day 7	___/___ ___	___/___ ___	___/___ ___

Dr. Handa's Weight Diary

	Weight in Pounds (lbs)
Day 1	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	