



United Support Services, Inc.

"The works of many coming together for the good of One"

Diabetes Management Information

Member's Name: _____

Member's Medicaid #: _____

Member's DOB: _____

Member's Record #: _____

Prescribing Physician Information

Doctors Name: _____ Nurses Name: _____

Phone Number: _____ Fax Number: _____

Blood Sugar Monitoring Schedule

Check blood sugar level _____ times a day.

Before Meal: Breakfast Lunch Dinner Snack **After Meal:** Breakfast Lunch Dinner Snack

Specific Times: _____

Blood Sugar Scale

Normal Range: _____ to _____

If above blood sugar is between _____ to _____ Action: _____

If above blood sugar is between _____ to _____ Action: _____

If above blood sugar is between _____ to _____ Action: _____

Special Instructions

Physician's Signature: _____ Date: _____