

Blood Sugar Record Form

Title	Mr	Mrs	Miss	Ms	Other
Name					
Address					
Telephone					
Post Code					
Email					

I give consent for Kepple Lane Pharmacy to perform a diabetic test and understand the process involved to obtain a blood sugar reading. Also that the information obtained during the service can be shared with:

- my doctor (GP) to help them provide care to me

Signature/ Date	
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Do you suffer any medical conditions?

Diabetes	Yes/No
Epilepsy	Yes/No
Migraines	Yes/No
Heart Conditions	Yes/No
Lung Conditions	Yes/No
Pregnant	Yes/No
Dizziness / Vertigo	Yes/No

Please list current medication from doctor below

Please list any alternative medication / Over the counter medication / Any vitamin supplements you may be taking

Blood Sugar Record

Date	Time	Reading (mmol/l)	Period before/after food / fasting (Hours)	Pharmacist Comments

Blood sugar levels between 4–7mmol/l before meals and less than 9.0mmol/l (Type 1) or 8.5mmol/l (Type 2) after meals, most of the time.