

**NAOMI BERRIE DIABETES CENTER**  
**INSULIN TELEPHONE/FAX REPORT**  
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**EMAIL: berriepeds@cumc.columbia.edu**

Date: \_\_\_\_\_

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

Best Contact #: \_\_\_\_\_

E- mail: \_\_\_\_\_

	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	
Blood Glucose																									
Novolog/ Humalog																									
Lantus																									
<b>Carb Ratio</b>																									
<b>Correction Factor</b>																									
Exercise																									

<b>Breakfast</b>						<b>Lunch</b>						<b>Dinner</b>					
Time	Food		Amount (grams)	Time	Food		Amount (grams)	Time	Food		Amount (grams)						

<b>Morning Snack</b>				<b>Afternoon Snack</b>				<b>Evening Snack</b>			

**\*\*Please list at least two (2) observations and suggested changes you want to discuss\*\***
