Alberta Health Services

Diabetes In Pregnancy Clinics Referral

Fax completed referral form, prenatal record, relevant lab data, physician consult letters, and recent fetal ultrasound (if applicable) to the clinic associated with the delivery site.

Last Name	First Name
PHN#	Birthdate *(dd-Mon-yyyy)*
Street Address	
City, Postal Code	Phone Number
Email Address	

FMC Phone: 403-944-2122 Fax: 403-776-3836 **RGH** Phone: 403-943-3495 Fax: 403-776-3838
SMG Phone: 403-944-9660 Fax: 403-776-3837 **SHC** Phone: 403-944-9670 Fax: 403-776-3839

Date *(dd-Mon-yyyy)*	Select Delivery Site ☐ FMC ☐ RGH ☐ PLC (SMG) ☐ SHC
Referring Physician _____	PRACID _____
Family Physician, if different _____	PRACID _____
Pregnancy Information	
LMP *(dd-Mon-yyyy)* _____	EDC *(dd-Mon-yyyy)* _____
Gestational Diabetes Mellitus Please provide a prescription for home glucose monitoring supplies to your patient or fax to their pharmacy. (please note, pharmacy may require original prescription)	
GDM in a previous pregnancy ☐ Yes ☐ No	Glucose Screen _____ mmol/L
75 g Oral Glucose Tolerance Test Fasting _____ mmol/L 1 hour _____ mmol/L 2 hour _____ mmol/L	
Pre-Existing Diabetes	
☐ Type 1 ☐ Type 2 ☐ IGT/ IFG (pre-diabetes)	☐ Pregnant ☐ Pre-Conception
Date of Diagnosis *(dd-Mon-yyyy)* _____	
Hgb A1C _____ % Date *(dd-Mon-yyyy)* _____	
Current Medications _____ _____ _____	
Factors that may affect learning	
☐ Language other than English *(indicate primary)* _____ ☐ Other _____	☐ Psychological ☐ Physical limitations ☐ Economic
Note Referring Physician assumes continued medical care for diabetes in pregnancy until patient is assessed by Endocrinologist, as per clinic protocol. For patients with pre-existing diabetes, family physician will be informed of plan for postpartum diabetes care.	
Other Physician Comments / Orders	

Physician's signature	Date *(dd-Mon-yyyy)*	Pager or contact number