



Diabetes In Pregnancy Clinics Referral

Fax completed referral form, prenatal record, relevant lab data, physician consult letters, and recent fetal ultrasound (if applicable) to one of the following sites:

FMC Phone: 403-944-2122 Fax: 403-776-3836 **RGH** Phone: 403-943-3495 Fax: 403-776-3838
PLC Phone: 403-943-4862 Fax: 403-776-3837 **SHC** Phone: 403-956-2578 Fax: 403-776-3839

| | |
|-------------------------|--------------|
| Last Name | |
| First Name | |
| PHN# | Address |
| Birthdate (dd-Mon-yyyy) | Phone Number |

| | |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Date (yyyy-Mon-dd) | Select Delivery Site <input type="checkbox"/> FMC <input type="checkbox"/> RGH <input type="checkbox"/> PLC <input type="checkbox"/> SHC |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------|--------------|
| Referring Physician _____ | PRACID _____ |
| Family Physician, if different _____ | PRACID _____ |

Pregnancy Information

| | |
|-------------------------|-------------------------|
| LMP (yyyy-Mon-dd) _____ | EDC (yyyy-Mon-dd) _____ |
|-------------------------|-------------------------|

Patient's email address _____

Gestational Diabetes Mellitus

Please provide a prescription for home glucose monitoring supplies and provide to patient or return it with your referral (please note, pharmacy may require original prescription)

| | |
|-----------------------------------------------------------------------------------------|-----------------------------|
| GDM in a previous pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> 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

| | |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> IGT/ IFG (pre-diabetes) | <input type="checkbox"/> Pregnant <input type="checkbox"/> Pre-Conception |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

Date of Diagnosis (yyyy-Mon-dd) _____

Hgb A1C _____ % Date (yyyy-Mon-dd) _____

Current Medications

Factors that may affect learning

| | | |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Language other than English (indicate primary) _____ <input type="checkbox"/> Other _____ | <input type="checkbox"/> Psychological <input type="checkbox"/> Economic | <input type="checkbox"/> Physical limitations |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------|

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 (yyyy-Mon-dd) | Pager or contact number |
|-----------------------|--------------------|-------------------------|