



## 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: 403-956-2575 Fax: 403-776-3839

Last Name	
First Name	
PHN#	Address
Birthdate ( <i>dd-Mon-yyyy</i> )	Phone Number

Date ( <i>yyyy-Mon-dd</i> )	Select Delivery Site <input type="checkbox"/> FMC <input type="checkbox"/> RGH <input type="checkbox"/> PLC <input type="checkbox"/> SHC
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Referring Physician _____	PRACID _____
Family Physician, if different _____	PRACID _____

### Pregnancy Information

LMP ( <i>yyyy-Mon-dd</i> ) _____	EDC ( <i>yyyy-Mon-dd</i> ) _____
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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
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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
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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 ( <i>indicate primary</i> ) <input type="checkbox"/> _____	<input type="checkbox"/> Psychological <input type="checkbox"/> Economic	<input type="checkbox"/> Physical limitations
<input type="checkbox"/> Other _____		

**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

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Physician's signature	Date ( <i>yyyy-Mon-dd</i> )	Pager or contact number
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