



INFO	PATIENT'S LAST NAME:		FIRST NAME:		DATE OF BIRTH:		
					DAY	MONTH	YEAR
	ADDRESS:		APT#:	CITY:	POSTAL CODE:	TELEPHONE NUMBER - HOME:	
HOSPITAL MRN:		HEALTH CARD NUMBER:		VERSION CODE:	TELEPHONE NUMBER - CELLULAR:		

APPOINTMENT DATE: _____ **APPOINTMENT TIME:** _____ AM / PM

*Please bring this REFERRAL and your HEALTH CARD to your appointment.
For cancellations, please call at least 48 hours prior to your appointment date.*

MANDATORY CLINICAL INFORMATION

Estimated Date of Confinement (EDC): _____

Gestational Age (GA): _____ weeks Gravida: _____ Para: _____

GESTATIONAL DIABETES → Fax qualifying 50g GCT or 75g GTT lab result (GDM) routine all-pregnancy screening

50g Non-Fasting Glucose Challenge Test (GCT):
GCT ≥ 11.1 mmol/L confirms GDM
* If GCT is 7.8 - 11.0 mmol/L proceed to 75g OGTT

75g oral Glucose Tolerance Test (OGTT): Fasting ≥ 5.1 mmol/L
(can be done instead of GCT as a One-Step Screen) 1-hr. pc ≥ 10.0 mmol/L
2-hr. pc ≥ 8.5 mmol/L

Refer when any one value meets or exceeds one of the above thresholds

PRE-EXISTING DIABETES → Fax HbA1c and other pertinent labs when available

Type 2 (*Do not stop OHA's unless already on insulin*) **Type 1**

Years known/diagnosed: _____
- any complications: _____

Current medications: _____

Pre-conception safety for Pre-existing diabetes (indicate above)
May be initially forwarded to an MGH Endocrinologist office
Patient is: currently using birth control
 not currently using birth control
 HbA1c remains **above 7.0%** following Nutrition (RD) therapy
Current glycemic therapy: _____

OTHER CLINICAL NOTES:

**IMPORTANT PATIENT INFORMATION
PLEASE READ**

- Pregnancy & blood sugar is a group class that takes approximately 2-hrs on a Tuesday morning.
- Please arrange childcare, as needed.
- This group session is taught in English - you may wish to bring someone to translate if needed, to understand discussion and information shared.
- A diabetes educator nurse will call you, so please ensure your phone number on this form is correct.
- For additional information on healthy pregnancy and blood sugar:
www.diabetes-pregnancy.ca
www.diabetes.ca/diabetes-and-you/living-with-gestational-diabetes

ON THE DAY OF YOUR APPOINTMENT:

- **Go to Out-Patient Registration 1st Floor, D-wing** (turn corner at PharmaSave)
- Do have breakfast before class, and please feel free to bring snacks.
- You will receive a free glucose meter and learn about doing your own blood sugar checks.
- In the class, you will receive a clinic appointment for the following Monday or Tuesday afternoon, or Thursday morning

INSTRUCTIONS

- Please provide the patient with a copy of this referral.
- A confirmation letter will be faxed back to your office, please provide the patient with their appointment information.
- Fax all appropriate lab reports with this referral to **416 - 469 - 6458**

REFERRAL

Referral Source: Midwife OB GP NP

Referred By: _____

Signature: _____

Office Fax Number: _____

Office Telephone: _____

Billing Number: _____