



INFO	PATIENT'S LAST NAME:	FIRST NAME:	DATE OF BIRTH:		
			DAY	MONTH	YEAR
	ADDRESS:	APT#:	CITY:	POSTAL CODE:	MRN
	HEALTH CARD NUMBER:		VERSION CODE:	Alternate TELEPHONE NUMBER :	
	EMAIL ADDRESS:			PREFERRED TELEPHONE NUMBER	

THIS WILL BE: BY PHONE and ZOOM - for CLASS

APPOINTMENT DATE:

APPOINTMENT TIME:

Have your HEALTH CARD with you for every appointment.

To cancel or rebook, please call at least 48 hours prior to your appointment



NECESSARY CLINICAL INFORMATION

Estimated Due Date: _____

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

GESTATIONAL diabetes → Fax pertinent 50g GCT or 75g GTT lab result

50g Non-Fasting Glucose Challenge Test (GCT):
GCT ≥ 11.1 mmol/L confirms GDM

If GCT 7.8 -11.0 mmol/L proceed to 75g OGTT

75g oral Glucose Tolerance Test (OGTT): Fasting ≥ 5.1 mmol/L
(can be done initially instead of GCT for 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 available

Pre /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 Type above)

May be initially forwarded to an MGH Endocrinologist office

Patient is: currently using birth control
 not currently using birth control

Current medications:

OTHER CLINICAL NOTES:

**IMPORTANT INFORMATION
PLEASE READ**

- your Pregnancy & blood sugar group class will take less than 2-hrs on a Tuesday 9:30am or Thursday 1pm
- our diabetes educator nurse will call you before class. Please ensure your phone number on this form is correct.
- you will be getting your own glucometer and learning how to check your own blood sugar for pregnancy.
- the group class/online class is in English - you may wish to have someone with you to translate as needed for asking your questions, and to understand informative discussion
- please arrange childcare, as needed
- For additional information on pregnancy & blood sugar:
<https://www.diabetes-pregnancy.ca/gdm/why-me-why-now/>
<https://www.diabetes.ca/about-diabetes/gestational>
- your follow-up with the Endocrinologist & team will be arranged with you for a Monday or Tuesday afternoon, or Thursday morning

PATIENT INSTRUCTIONS

REASON FOR REFERRAL

INSTRUCTIONS

- Please provide your patient with a copy of this referral. Check **Phone** and Email are **correct**
- A confirmation letter will be faxed back to your office, please provide the patient with any updated appointment information.
- Fax this referral **with** necessary lab reports to:

416 - 469 - 6458

REFERRAL

Referral Source: Midwife OB GP NP

Referring Clinician Name:

Billing Number:

Signature: _____

Office Telephone: _____

Office Fax Number: _____