



Diabetes in Pregnancy Clinic Referral Form

Humber River Hospital, Medical/Surgical Clinics
4th floor, 1235 Wilson Ave., Toronto, Ontario M3M 0B2
Phone: (416) 242-1000 ext. 23400
Fax: (416) 242-1094

PATIENT LABEL

ALL INFORMATION MUST BE PROVIDED, OR REFERRAL WILL BE SENT BACK

PATIENT INFORMATION – Please complete:

Name:		H #:	
Date of Birth (dd-mm-yyyy):		OHIP #:	
Address:	Apt #:	City:	Province:
Postal Code:		Phone Number (Home): ()	
Phone Number (Work): ()		ext.	
Does the patient speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No – Language spoken:			
Is the patient planning to deliver at Humber River Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any reason why the patient should NOT be in a group class? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason:			
Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Maternal age:	LMP:	EDD:	Gestational age (weeks):
G:	P:		
<input type="checkbox"/> Antenatal records attached AND/OR <input type="checkbox"/> Other relevant records attached			

TYPE OF DIABETES

Gestational/Date: _____

A1c (only if before 24 weeks gestation): _____

Fasting BG (only if before 24 weeks gestation): _____

50 g OGCT result: _____

75 g OGTT result: FBG: _____ 1 hr: _____ 2 hr: _____

2-step 1-step

Pre-existing DM – please refer as early in pregnancy as possible

Type 1 - Duration: _____ A1c: _____ Date: _____

Type 2 - Duration: _____ A1c: _____ Date: _____

Prediabetes (IGT/IFG) - Duration: _____ A1c: _____ Date: _____

CURRENT MEDICATIONS

Prenatal vitamin

Oral hypoglycemic agents - Type and Dose: _____

Insulin – Type and Dose: _____

Other: _____

COMPLICATIONS

Hypertension Nephropathy Neuropathy

Retinopathy Dyslipidemia

MEDICAL HISTORY

Depression PCOS Previous GDM

Other:

REFERRING PHYSICIAN/NURSE PRACTITIONER INFORMATION

Name:	OHIP billing #:
Telephone Number: ()	Fax Number: ()
Signature:	Date (dd-mm-yyyy):

PRIMARY CARE PROVIDER INFORMATION

Name:
Telephone Number: ()
Fax Number: ()

FOR OFFICE USE ONLY

Book for class Tuesday: _____

Book direct to Endocrinologist: _____

Patient notified on (dd-mm-yyyy): _____

Please Fax the completed form to the Diabetes Education Clinic at (416) 242 1094

This Form was adapted from The Sunnybrook Women & Babies Program

