



**Diabetes Education Centre  
GESTATIONAL DIABETES MELLITUS OF  
PREGNANCY REFERRAL**

FORM SF0281

Page 1 of 1

Rev. 05/2020

Patient LABEL / Identification Area

UNIT E7, 2 CHAMPAGNE DRIVE, TORONTO, ON, M3J 0K2

TEL:416-756-6923 FAX: 416-756-6329

Patient name: \_\_\_\_\_

Home #: \_\_\_\_\_

Address: \_\_\_\_\_

Work #: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

Cell #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ HCN: \_\_\_\_\_

Email: \_\_\_\_\_

**SIGNIFICANT MEDICAL HISTORY:**

- Thyroid
- Hypertension
- Dyslipidemia
- Family history of diabetes

**GESTATIONAL HISTORY:**

Gravida \_\_\_\_\_ Para \_\_\_\_\_ Currently at \_\_\_\_\_ weeks GA; EDC \_\_\_\_\_

Previous GDM \_\_\_\_\_  Spontaneous pregnancy  Assisted reproduction pregnancy

**LAB DATA/  attached**

GESTATIONAL

50 gm Glucose Screen: 1 hr \_\_\_\_\_ at \_\_\_\_\_ weeks GA

75 gm OGTT: FBS \_\_\_\_\_ 1hr \_\_\_\_\_ 2hr \_\_\_\_\_ at \_\_\_\_\_ weeks GA

**MEDICATIONS/ VITAMINS:**

The patient will be seen by a multidisciplinary team.

Your signature authorizes the dietitian to alter meal plan as required and the nurse to administer and adjust diabetes medication according to the medical directive approved by North York General Hospital.

Summary/ progress reports will be sent. Patients are advised to have a 75 gm OGTT within 6 months after delivery through their family physician.

Endocrinology consult at Diabetes Education Centre's discretion: Billing Number \_\_\_\_\_

\_\_\_\_\_  
Referring Physician Signature

Date:

Name, mailing address,  
Telephone & fax:  
(please print or stamp clearly)

Send additional reports to:

DATE	TIME (24 h)	SIGNATURE	PRINT NAME