



SMHS Referral to FSH Diabetes in Pregnancy (DIP) Team

Fax completed referral to FSH Referral Service on (08) 6152 9762

Cover page for the Attention of Obstetrics at FSH

Please also scan and attach to the referral: NWHPR up to date of referral, booking pathology, medical imaging, medical and obstetric history.

Name or sticker:	DOB:	UMRN:
Home address:		
Email address:	Mobile phone:	
Preferred contact method:	Home phone:	

Interpreter Required: Yes/No Language:

EDD: Gestation: G P BMI: at booking

Medical/Obstetric history:

Medications:

Type of Diabetes:

Reason for referral:

GTT date:	Result:	0hr:	1hr:	2hr:
HbA1C date :	Result:			
Blood glucose monitoring (last 7 days)				
FBGL	_____	to	_____	mmol/L
2/24 post breakfast	_____	to	_____	mmol/L
2/24 post lunch	_____	to	_____	mmol/L
2/24 post evening meal	_____	to	_____	mmol/L
GP Name:	GP Surgery Address:			
Referring Health Professional:	Clinic/Hospital Address:			
Phone:	Email:			
Signature:	Date:			

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Date Issued: 03/02/2015

Endorsed By:

T Lynch Midwifery & Nurse Director – W, C & N February 2nd 2015
Sunanda Gargeswari –HOS Obstetrics

Date Revised: First Issue

Compiled By:

Amanda Bath CMS
PM Skuthorp Midwifery Manager - Ambulatory

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Revised By:

First Issue