Use Ball Point Pen Only

GESTATIONAL DIABETES REFERRAL FORM

Randolph Health Diabetes & Nutrition Center FAX TO (336) 625-9500

PLEASE ATTACH COPY OF THE FRONT/BACK OF **INSURANCE CARD**, RELEVANT **OFFICE NOTE** & MOST RECENT **LAB REPORTS** **If you have questions, please contact us at (336) 625-9400**

Patient Information

Name: _____ DOB: __/___/____ Phone: _____

Address:_____

Insurance: _____ Ht: _____ Wt: _____

Diagnosis ICD-10 Codes

☐ O24.419 Gestational DM, antepartum

☐ O24.919 Gestational DM with pregnancy

☐ O24.414 Gestational DM requiring insulin

☐ O24.319 Pre-existing DM in pregnancy

☐ Other, ICD-10 code _____

		PATIENT RESULTS
	Reference Ranges	☐ 50 ☐ 75 ☐ 100 -gram glucose load
Fasting	(95 mg/dl)	
1-hour	(180 mg/dl)	
2-hour	(155 mg/dl)	
3-hour	(140 mg/dl)	

☐ **Meal Planning Only 1-2 hour session**

Dietitian to determine meal plan unless MD specifies

☐ Calorie level_____

Follow-up Visit(s) 1/2 hour-1 hour

- Review of glucose records
- Review of food logs and meal planning
- Meal planning adjustments as warranted
- Assess for problems and concerns
- Future risk of diabetes for mother and child
- Reduce the future risk of diabetes
- Symptoms and diagnostic criteria for diabetes

Plan of Care for Gestational Diabetes

☐ **Initial Visit: 1-2 hours**

- Assessment
- GDM diagnosis criteria
- Optimal glucose levels
- GDM risk to baby
- Meal planning
- Effects of exercise
- Monitoring
- Hypoglycemia treatment
- Future considerations

☐ **Medical Nutritional Therapy**

Dietitian to determine meal plan unless MD specifies

☐ Calorie level _____

☐ **Glucometer Instruction**

Unless otherwise prescribed, monitoring will be fasting and 2 hours postprandial.

Fasting goal:

☐ <95 mg/dl (default) ☐ Other_____mg/dl

2-hour postprandial goal:

☐ <120 mg/dl (default) ☐ Other_____mg/dl

☐ **Insulin Instruction (1-2 hr session)**

- Insulin type _____
- Dosage _____ Time_____

☐ Pen ☐ Syringe

Provider Information

Referring Provider Printed Name:

_____

Signature: _____

Date: _____Time:_____

Phone: _____

PCP:_____

Randolph Health