



Optimizing Chronic Disease Management

Diabetes in Pregnancy Referral

Saskatoon Health Region
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Ph: (306) 655-2137 Fax: (306) 655-6758

Referral Form

Date: _____

Client Information (complete information prevents delays in service).

Name: _____ (previous/Maiden Name): _____
Street Address: _____ City/Town: _____
Postal Code: _____ DOB: _____ PHN: _____
Home Phone: _____ Business Phone: _____ Email: _____
Referring Physician: _____ Phone: _____ Fax: _____

- Attach prenatal sheet
- Attach relevant lab work ie GTT, A1C, TSH, ACR etc

- Gestational diabetes** – new diagnosis
- Gestational diabetes** – in previous pregnancy
Was insulin used in last pregnancy? Yes No

Patients with gestational diabetes will be seen by a dietitian in the Diabetes Education Program. Only if their blood sugars exceed target, will they be moved into the Diabetes in Pregnancy Clinic for medical management.

- Pre-existing diabetes**
 - Type: type 1 type 2
 - Year of diagnosis _____
 - Is this the first pregnancy with diabetes? Yes No
 - Any complications present
 - Retinopathy Yes No
 - hypertension Yes No
 - nephropathy Yes No
 - Other _____

Patients with pre-existing diabetes (type 1 or 2) will be seen in the Diabetes in Pregnancy Clinic



TYPE 2

- Anti-hyperglycemic medications used Yes No
If used, list _____
- Was insulin used in last pregnancy? Yes No

- Pre-pregnancy counselling**