

# 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

- O24.410 Gestational DM, diet controlled
- O24.414 Gestational DM, insulin controlled
- O24.919 Gestational DM, unspecified
- O24.319 Pre-existing DM in pregnancy
- Other, ICD-10 code \_\_\_\_\_

### 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

### BARRIERS TO LEARNING ? YES NO

Language: \_\_\_\_\_

Hearing Impairment  Visual Impairment

Cognitive Deficit  Physical limitations

Other: \_\_\_\_\_

### Provider Information

Referring Provider Printed Name:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Phone: \_\_\_\_\_

PCP: \_\_\_\_\_

### 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