menzies school of health research

Postal: PO Box 41096, Casuarina NT 0811, Australia
Location: John Mathews Building (Bldg 58),
Royal Darwin Hospital Campus, Rocklands Drv, Casuarina NT 0810
Ph: (08) 8946 8600 Fax: (08) 8946 8464
Website: menzies.edu.au
ABN: 70 413 542 847

NT & FNQ Diabetes in Pregnancy
Referral for Education and/or Clinical Register

Please note that this information will be included on the FNQ DIP Clinical Register unless we are advised otherwise. The register has been approved by the Human Research Ethics Committee and verbal consent is required from the woman or if < 16 years of age, parent or guardian must also give verbal consent, prior to making this referral. (See NT & FNQ Diabetes in Pregnancy Clinical Register Information for Women: www.dipp.org.au/dippinq)

Please send completed form to:
Email: DIPPINQ@menzies.edu.au or
Fax: 07 3169 4250

Yes ☐	The woman agrees to have her information sent to the FNQ DIP Clinical Register (if < 16 years of age parent or guardian must also agree)	Date of Referral ______/________/________
No ☐	The woman DOES NOT want to be included in the Clinical Register, please note in her clinic records	

Name/ Contact Details	
Surname:	First name:
Date of Birth:	MRN: ☐☐☐☐☐☐☐
Address:	
Phone and /or Email:	

Ethnicity			
☐	(1) Aboriginal (2) Torres Strait Islander (3) Aboriginal and TSI (4) Caucasian (5) Indian Subcontinent	(6) Arab/Middle East (7) Chinese (8) Vietnamese (9) Maori (10) Pacific Islander	(11)Other Ethnic groups ____________ (12) Filipino (13) African

Information at date of Referral				
Hypertension	No ☐	Yes ☐	Gravida	Parity

Information from First Trimester (or earliest date)		
Height . cms	1st available Weight . kgs	Date of Weight / /
Alcohol No ☐ Yes ☐ Quit ☐	Smoking No ☐ Yes ☐ Quit ☐	

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Surname:	MRN:

Diabetes Information- at date of referral				
Diabetes Type	☐ Type 1	☐ Type 2	☐ GDM	
Known GDM in a previous pregnancy		☐ No	☐ Yes	
Medication- at referral				
Metformin	No ☐	Yes ☐	Insulin	No ☐ Yes ☐
Home blood Glucose monitoring- at referral				
Currently	No ☐	Yes ☐		
Screening results -for current pregnancy				
Date of First Ultrasound / /	Gestational age at ultrasound . wks		EDB from U/S / /	
75gm Oral Glucose Tolerance Test (OGTT) result				
Date: / /	Fasting: mmol/L	1hr: mmol/L	2hr: mmol/L	
Other Glucose Screening				
Date / /	☐ Fasting	☐ Random	mmol/L	

****Important—Hb in first Trimester should be from the first Antenatal visit.**
Pre-pregnancy- up to 3 mths before conception

Pre-pregnancy	Date	Result	1st Trimester	Date	Result
Creatinine		umol/L	Creatinine		umol/L
Urine ACR		g/mol	Urine ACR		g/mol
Hb		g/L	Hb		g/L
HbA1c		%	HbA1c		%

Referral Details
Name of Current Clinic / GP Practice:
Other Clinics Patient Attends: