

# REFERRAL NOTE:

**St. Michael's**

Inspired Care.  
Inspiring Science.

## DIABETES IN PREGNANCY CLINIC

Women's Health Care  
30 Bond Street, 3 Bond Wing  
Toronto, Ontario M5B 1W8  
Tel: 416-867-7484  
**FAX: 416-867-7452**

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**PATIENT INFORMATION: Please include copy of Antenatal 1 Form with this referral.**

**PATIENT'S NAME:** \_\_\_\_\_

**HER D.O.B. (DD/MM/YYYY):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**HER TELEPHONE NUMBER:** \_\_\_\_\_

**G:** \_\_\_\_ **P:** \_\_\_\_

**EDC (DD/MM/YYYY):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CURRENT GA:** \_\_\_\_\_ wks

**Lab Results (GCT and/or OGTT) AND Antenatal 1 must be faxed with this referral unless there is clearly another REASON FOR REFERRAL/OTHER, as follows:**

\_\_\_\_\_  
\_\_\_\_\_

**REFERRING CLINICIAN:** \_\_\_\_\_ **REF #:** \_\_\_\_\_

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**Received by:** \_\_\_\_\_

**Date received:** \_\_\_\_\_

**Date of Appointment:** \_\_\_\_\_

**Appointment Time:** \_\_\_\_\_

**Appointment Confirmed**