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AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai
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MUST ATTACH PATIENT LABEL HERE	
SURNAME:	NHI:
FIRST NAMES:	DOB:

Maternity Diabetes Service Referral	Please ensure you attach the <u>correct</u> visit patient label		
Women's Health	Diagon angure you attach the correct visit nations label		
DISTRICT HEALTH BOARD TE Toka Tumai	FIRST NAMES:	DOB <u>:</u>	
AUCKLAND	SURNAME:	NHI:	

MC / Referrer and Address	Patient Address	
	Patient Telephone	
MC / Referrer Contact Details	Home	
clude your mobile if you want a text	Work Mobile Email (If happy to be contacted this way)	
cknowledging receipt of referral		
hone ax	Interpreter Yes / No	
mail	,	
IMW will you remain LMC? Yes / No	Language	
Reason for referral / provisional diagnosis	LMP	
	EDD (USS confirmed)	
	Gravida Para	
Referral discussed with (if applicable)	Booking BMI	
	Current weight	
Relevant Obstetric History / Medical History	GDM Screening	
	Date Date	
	Polycose GTT Fasting	
	HbA1c 2 Hour	
	Can you please start the Woman BG testing Yes / No	
	Please Enclose: Booking Information	
	Obstetric History	
	Include Attached: All Bloods	
	All Scans	
	NB Please arrange growth scan if scan not done in last 4 weeks	

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