

NHS No.

Maternity Unit

ANTENATAL DIABETES CLINIC HELD SUMMARY



Planned Place of Birth Diabetologist Unit Number Information overleaf

Details

Obstetrician
 DSN/DSM
 Other

Ethnic Origin
 Interpreter

First Name Surname
 Address
 Post code Date of birth

Summary of Relevant History

EDD Para + Age BMI BP booking

Social/ Medical/ Obstetric
 Allergies

Medication

Investigations

Booking	Date taken	Result	Additional tests	Date taken
Hb	<input type="text"/>		Fasting glucose	<input type="text"/>
Blood group	<input type="text"/>		OGTT	<input type="text"/>
Antibodies	<input type="text"/>		OGTT	<input type="text"/>
Hepatitis B	<input type="text"/>		HbA1c	<input type="text"/>
Syphilis	<input type="text"/>		ACR	<input type="text"/>
HIV	<input type="text"/>		Serum creatinine	<input type="text"/>
Sickle cell	<input type="text"/>		GFR	<input type="text"/>
Thalassaemia	<input type="text"/>		Thyroid function	<input type="text"/>
28 weeks	Date taken	Result	Fundi	<input type="text"/>
Hb	<input type="text"/>			<input type="text"/>
Antibodies	<input type="text"/>			<input type="text"/>

Completed by: Date



