

First appointment

Type of Diabetes

Type 1 Type 2 Previous gestational

Other

Date of diagnosis

Ethnic Origin

Height Weight BMI

Urinalysis

Glucose Ketones Protein

Medical History/Personal Details

Current contraception method

Family History Is your partner a blood relation No Yes

Details

Previous pregnancies

Date	Fertility treatment	Gestation	Outcome / complications	Mode of delivery	Birth weight	Sex	Diabetes status	Insulin

Menstruation

LMP Menstrual cycle / Date of last cervical smear

Diabetes complications

Normal	Abnormal	Date	Details	Normal	Abnormal	Date	Details
Eyes <input type="checkbox"/>	<input type="checkbox"/>			IHD <input type="checkbox"/>	<input type="checkbox"/>		
Feet <input type="checkbox"/>	<input type="checkbox"/>			Neuropathy <input type="checkbox"/>	<input type="checkbox"/>		
Kidneys <input type="checkbox"/>	<input type="checkbox"/>			Hypertension <input type="checkbox"/>	<input type="checkbox"/>		

Retinal assessment (as indicated)

Date	Left eye	Right eye	Results / Action

Lifestyle choices

No Yes

Smoking No. per day

Alcohol Units per day

Street drugs Details

Folic Acid No Yes

Dose 0.4mg 5mg

Start date

Current medication

Type of Insulin	BF	Dose/Units			Oral hypoglycaemic agents (OHAs)
		L	E	BT	

Details

Date Signature*

Key
 BMI = Body Mass Index, BP= Blood pressure, IHD = Ischaemic Heart Disease, LMP= Last menstrual period, BF= breakfast, L= lunch, E=evening, BT=bedtime.

Information checklist Care provider should sign, following discussion with patient

	Discussed	Leaflets	Further advice / Comments	Signed*
Benefits of good control before pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Review medication - discontinue if contra- indicated	<input type="checkbox"/>	<input type="checkbox"/>		
Weight management	<input type="checkbox"/>	<input type="checkbox"/>		
Diet and exercise	<input type="checkbox"/>	<input type="checkbox"/>		
Folic acid 5mgs	<input type="checkbox"/>	<input type="checkbox"/>		
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>		
Structured education sessions	<input type="checkbox"/>	<input type="checkbox"/>		
Blood glucose monitoring (meter type)	<input type="checkbox"/>	<input type="checkbox"/>		
Pre and post prandial- agreed targets	<input type="checkbox"/>	<input type="checkbox"/>		
HbA1c - agreed target	<input type="checkbox"/>	<input type="checkbox"/>		
Hypoglycaemia	<input type="checkbox"/>	<input type="checkbox"/>		
Glucagon kit	<input type="checkbox"/>	<input type="checkbox"/>		
Sick Day Rules	<input type="checkbox"/>	<input type="checkbox"/>		
Blood / Urine Ketone testing	<input type="checkbox"/>	<input type="checkbox"/>		
Driving	<input type="checkbox"/>	<input type="checkbox"/>		
Fertility	<input type="checkbox"/>	<input type="checkbox"/>		
Contraception	<input type="checkbox"/>	<input type="checkbox"/>		
Pregnancy complications	<input type="checkbox"/>	<input type="checkbox"/>		
Care of your baby following birth	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Initial investigations (as indicated)

	Explained	Accepted and taken		Results	Action	Signed*
		No	Yes			
HbA1c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Thyroid function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ACR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Serum creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Urea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Triglycerides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<input type="text"/>	<input type="text"/>	Comments	Signed*
Care provider	Care provider		

Key
HbA1c = Glycosylated haemoglobin; ACR - Albumin creatinine ratio.

* Signatures must be listed on page 8 for identification

Name
Unit No