

NHS No.

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Maternity Unit

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ANTENATAL DIABETES CLINIC HELD SUMMARY

Planned Place of Birth

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Diabetologist

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Unit Number

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Information overleaf **Details**

Obstetrician

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DSN/DSM

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Other

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First Name

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Surname

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Address

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Post code

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Date of birth

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Ethnic Origin

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Interpreter

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Summary of Relevant History

EDD

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Para

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Age

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BMI

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BP booking

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Social/ Medical/ Obstetric

Allergies

Medication**Investigations**

Booking	Date taken	Result	Additional tests	Date taken
Hb	DDMMYY		Fasting glucose	DDMMYY
Blood group	DDMMYY		OGTT	DDMMYY
Antibodies	DDMMYY		OGTT	DDMMYY
Hepatitis B	DDMMYY		HbA1c	DDMMYY
Syphilis	DDMMYY		ACR	DDMMYY
HIV	DDMMYY		Serum creatinine	DDMMYY
Sickle cell	DDMMYY		GFR	DDMMYY
Thalassaemia	DDMMYY		Thyroid function	DDMMYY
28 weeks	Date taken	Result	Fundi	DDMMYY
Hb	DDMMYY			DDMMYY
Antibodies	DDMMYY			DDMMYY

Completed by:

Date

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Special features

Antenatal Plan	Labour, delivery & postnatal plan	Paediatric alert form <input type="checkbox"/>
SGA or FGR on scan Yes <input type="checkbox"/>		
Macrosomia Yes <input type="checkbox"/>		
Polyhydramnios Yes <input type="checkbox"/>	Paediatrician <input type="checkbox"/> to be present	Seniority _____ Reason _____

Domestic Abuse	Booking	2nd Assessment	Details (inc. any referrals)
	No Yes	No Yes	
Seen alone	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Routine enquiry question asked	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Abuse disclosed	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Date	D D M M Y Y	D D M M Y Y	
Signed			

Other information

Date	Gestation	Details	Signed
D D M M Y Y H H M M	W ks + D		

Name
Unit No/ NHS No