

# Saint Anthony Hospital Diabetes Center



Saint Anthony  
Hospital

## Referral Form

2875 W. 19th Street

Chicago, IL 60623

Phone: 773-484-4498

Fax: 773-484-4544

## Diabetes in Pregnancy Referral Form

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Telephone Number: \_\_\_\_\_

Height \_\_\_\_ Weight \_\_\_\_ Date \_\_\_\_ Pre-Pregnancy Weight \_\_\_\_ #Weeks Gestation \_\_\_\_ EDD \_\_\_\_

Diabetes Diagnosis – Check all that apply

- Gestational 648.83                       Pregnancy/pre-existing DM 648.03  
 Obesity 278.0                               Hyperglycemia 790.6  
\_\_\_\_ *Check here if insulin requiring*    Hypertension 401.9

<b>Diabetes Self Management Training (Education)</b>
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- Diabetes Self-Management Training/Education Sessions (G0108 or G0109)\***  
Includes Assessment of patient's diabetes education and care needs (G0108)\*

**Insulin Instruction**

Type of Insulin \_\_\_\_\_ Dosage \_\_\_\_\_ Times of day \_\_\_\_\_  
Insulin \_\_\_\_\_ Dosage \_\_\_\_\_ Times of day \_\_\_\_\_

Administration by:     Insulin Pen         Syringe/Vial         Insulin Pump

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Physician Comments \_\_\_\_\_

Physician Name (Please Print) \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

A Report will be sent to you after education appointments.

**Please return this referral form with a copy of the OGTT, Lipids, and HGB A1C or other pertinent lab results to the Outpatient Center for Diabetes (6<sup>th</sup> Floor Main Hospital Building/Diagnostic Center) – or Fax to 773-484-4544**