

First appointment

Medical history

Date Height Booking weight BMI Booking B/P

Details

Family history of diabetes Parent <input type="checkbox"/> Type <input type="text"/> Sibling <input type="checkbox"/> Type <input type="text"/> Other <input type="checkbox"/> Type <input type="text"/> <input type="text"/>	Pre-conception care Planned pregnancy <input type="checkbox"/> No <input type="checkbox"/> Yes Preconceptual advice <input type="checkbox"/> No <input type="checkbox"/> Yes Preconceptual HbA1c <input type="checkbox"/> No <input type="checkbox"/> Yes Result <input type="text"/> Advice given by <input type="text"/>	Smoking and alcohol No Yes Smoking <input type="checkbox"/> <input type="checkbox"/> No. per day <input type="text"/> Alcohol <input type="checkbox"/> <input type="checkbox"/> Units per day <input type="text"/>
		Folic Acid <input type="checkbox"/> <input type="checkbox"/> Start date <input type="text"/> Dose 0.4mg <input type="checkbox"/> Pre- conception <input type="checkbox"/> 5mg <input type="checkbox"/> Post - conception <input type="checkbox"/>

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"/>		

Glucose tolerance test (GTT) details

Date / / 0 minutes mmol/l

Gestation + 120 minutes mmol/l

Gestational diabetes screening (based on the following risk factors)

BMI > 30 kg/m² Family history - first degree relative

Previous unexplained stillbirth Family Origin

Previous gestational diabetes Ethnicity

Polycystic ovarian syndrome Glycosuria > +

Previous baby's birth weight > 4.5kg or >90th Centile Polyhydramnios or macrosomia (current pregnancy)

Previous pregnancies

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

Medication

BF = Breakfast; L = Lunch; E = Evening; BT = Bedtime

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

Other medication details (including pre-pregnancy medication, Statins and ACE inhibitors)

Date / / Signature*

