

NHS No.

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Maternity Unit

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ANTENATAL DIABETES CLINIC HELD SUMMARY

Planned Place of Birth

Diabetologist

Unit Number

Information
overleaf

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Details

Obstetrician

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DSN/DSM

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Other

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Ethnic Origin

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Interpreter

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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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**Summary of
Relevant History**

EDD

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Para

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Age

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BMI

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Social/ Medical/ Obstetric

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Allergies

Medication

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Investigations

Booking	Date taken	Result	Additional tests	Date taken
Hb	DDMMYY		Fasting glucose	DDMMYY
Blood group	DDMMYY		OGTT	DDMMYY
Antibodies	DDMMYY		OGTT	DDMMYY
Rubella	DDMMYY	Susceptible Yes <input type="checkbox"/> No <input type="checkbox"/>	HbA1c	DDMMYY
Hepatitis B	DDMMYY		ACR	DDMMYY
Syphilis	DDMMYY		Serum creatinine	DDMMYY
HIV	DDMMYY		GFR	DDMMYY
Sickle cell/Thalassaemia	DDMMYY		Thyroid function	DDMMYY
			Fundi	DDMMYY

Completed by:

Date

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