

**REFERRAL FORM – PRECONCEPTION CLINIC FOR DIABETES**

Patient Name

DOB

NHS number

Address

Phone number

Diabetes – type 1 or type 2

Latest results:

* HbA1c
* U&Es
* Urine ACR
* BP
* BMI

Last retinal screen result

Medication list

Other PMH

Previous pregnancies? – Y/N

Previous pregnancy complications including miscarriage? – Y/N. Details

Awaiting IVF? – Y/N

**Please start folic acid 5mg daily**

**Please send referrals to:**

Email [homerton.antenatal@nhs.net](mailto:homerton.antenatal@nhs.net)

Phone 0208 510 5955

Fax 0208 510 7339

**Links to preconception guidelines:**

<http://www.cityandhackneyccg.nhs.uk/gp/pathways/>