



SWEET SUCCESS PHYSICIAN REFERRAL FORM

520 Superior, Suite #150 Newport Beach, CA 92663 Phone: (949)764-8065 Fax: (949)642-7703

PLEASE FAX THIS REFERRAL AND RELEVANT LAB RESULTS TO (949) 642-7703

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ EDD: \_\_\_\_\_

Patient's Preferred Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternate Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Insurance Type: \_\_\_\_\_ If patient has HMO, authorization is required.

Indication for Referral to Sweet Success Program (Check One)

Please provide Patient with prescription for blood glucose meter and monitoring supplies PRIOR to her coming to class. SMBG 4 times daily (FBS, 1 hour post prandial breakfast, lunch, and dinner).

- Pre-conception Care (Type 1, Type 2), Pre-Diabetes / Increased Risk, PCOS / Obesity / Insulin Resistance, Gestational Diabetes, 75 g, 2 hour OGTT for GDM, Type 1 diabetes and pregnancy, Type 2 diabetes and pregnancy

High Risk Profile (Any one of the following meets criteria)

- Gestational Diabetes Mellitus (GDM), Malformed Infant, Age > 25, BMI > 30, Previous Macrosomic Infant, Family History of Diabetes, Polycystic Ovarian Syndrome, Unexplained Stillbirth, African American, Asian / Pacific Islander, Hispanic, American Indian / Alaskan Native, Asian Indian, Middle Eastern, South East Asian / Far East Asian

If patient is high risk: For 1st OB visit, draw A1c. If results > 5.7%, refer to Sweet Success. No other GTT required.

HbA1c: \_\_\_\_\_ Date Drawn: \_\_\_\_\_

Lab Results

Prerequisite Overnight fasting (minimum 8 hours of fasting) One Step Testing Date Drawn: \_\_\_\_\_

Table with 5 columns: 75 gram, 2 hour OGTT, One Abnormal Value is Diagnostic of GDM, 1 hour, 2 hour, and corresponding glucose levels (≥ 92 mg/dl, ≥ 180 mg/dl, ≥ 153 mg/dl).

For pre-gestational diabetes: HbA1c: \_\_\_\_\_ Date Drawn: \_\_\_\_\_

Physician Information

Physician Name (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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PS 3355

Rev 03/17/16



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