



# Women's Medicine Collaborative\*

A Lifespan Partner

BY WOMEN. FOR WOMEN.®

146 West River Street  
Providence, RI 02904  
Third Floor ~ Suite 11D  
Fax: 401-793-7988  
WomensMedicine.org

OB Medicine: 401-793-7410  
Back Line for Physician Office Use:  
401-793-7485

## Diabetes in Pregnancy Program

Welcome to the Women's Medicine Collaborative Diabetes in Pregnancy Program. We hope to provide your patients with the tools and encouragement needed to achieve a safe pregnancy and healthy baby. The Program is designed to address the needs of the individual patient and to complement the degree of involvement you desire in your patient's diabetes care. Please choose the resources that you wish for your patient from the list below. Our first consultation letter will provide an opportunity to modify your request as appropriate. An appointment can be made immediately via our direct phone line (401-793-7485), or we can call your patient, as you wish.

Please contact us with questions or concerns at any time:

Lucia Larson, MD      Pager 401-350-9743  
Marshall Carpenter, MD      Cell phone 401-323-1695

**Please fax form along with prenatal intake pages 1-4, recent blood sugars, lab results and other pertinent records to: 401-793-7988. Thank you.**

Urgency of Consult:     Within 24-48 hours     Within 1-2 weeks     Routine Appointment

Gestational age on date of request: \_\_\_\_\_ Weeks \_\_\_\_\_ Days      EDC: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Diabetes type:  Type 1     Type 2     Gestational Diabetes

Present diabetes treatment:  No treatment     Diet only     Glyburide     Metformin     Insulin

Translator needed?  No     Yes - Preferred Language: Spoken \_\_\_\_\_ Written \_\_\_\_\_

**Services requested** - This information is required for us to book your patient's appointment. Please select what you would like for your patient (check all that apply).

- No OB Medicine physician involvement
- One-time consultation by OB Medicine physician
- Co-management of diabetes during pregnancy and postpartum by OB Medicine physician
- Nutrition counseling by dietician
- Diabetes education by nurse
- Glucose meter instruction by nurse
- Insulin injection instruction by nurse

DATE OF REQUEST \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PATIENT \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

May we leave a message stating the call is from "Women's Medicine Collaborative" or "Dr. \_\_\_\_'s office"?  Yes  No

PRIMARY INSURANCE \_\_\_\_\_ ID# \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ ID# \_\_\_\_\_

REFERRING PROVIDER \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_