

Diabetes & Pregnancy Referral

Phone: 805-682-4793 ◦ Fax: 805-682-3332 ◦ www.sansum.org

Fax completed referral form, and if applicable, the following: insurance card, prenatal record, relevant lab data, physician consult letters, and recent fetal ultrasound.

Patient Information

Last Name	First Name
Birthdate	Due Date
Phone	Today's Date

Preferred language: Spanish English

Reason for Referral:

- Dr. Castorino Diabetes & Pregnancy Team Management (evaluate and treat)
- Weekly group Diabetes in Pregnancy Education (Call 805 682 4793 ext 209 to schedule)
- Evaluate for research opportunities

Optional information

Type of Diabetes:	Most recent A1C _____ % Date _____ Current Insulin use: yes no
<input type="checkbox"/> GDM	Current devices: _____
<input type="checkbox"/> Type 1 Diabetes	Other relevant history: _____
<input type="checkbox"/> Type 2 Diabetes	

Our location

2219 Bath Street
Santa Barbara, CA 93105

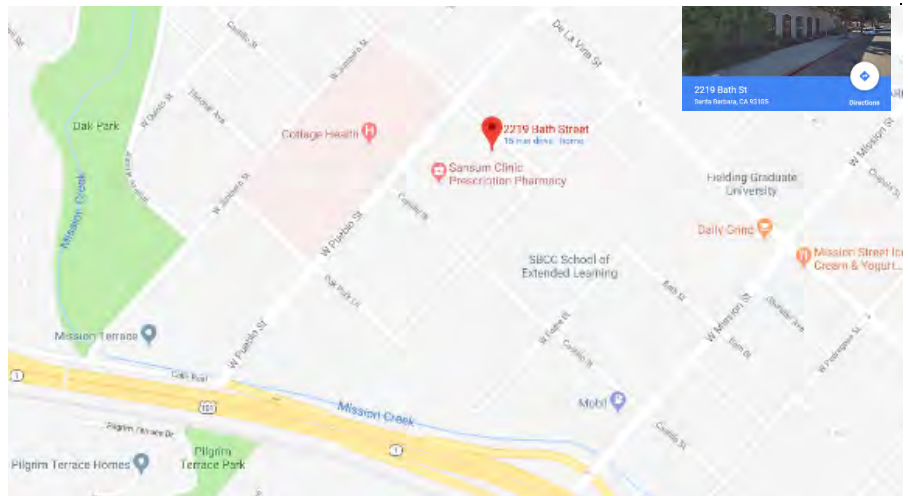
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Summer 2019



Status Notes: _____

Scheduled With: _____

Enrolled In: _____