1-Hour Glucose Test Results

Medical Institution Details				
Name:				
Address:				
Phone Number:				
Website:				
Patient Details				
Full Name:				
Date of Birth:				
Gender:	Ethnicity:			
Gestation Period:				
Patient ID:				
Contact Number:	Email Address:			
Referred by Dr./Physician:				
Indicate if the patient is part of any at-risk groups below:				
above the age of 35				
metabolic syndrome				
polycystic ovary syndrome				
□ body mass index of 30 or higher				

Recommended Parameters for Blood Sugar Levels in Pregnancy

- Standard blood sugar level: Below 140 mg/dL (7.8 mmol/L)
- Further testing needed: 140 mg/dL (7.8 mmol/L) to less than 190 mg/dL (10.6 mmol/L)
- High blood sugar level: 190 mg/dL (10.6 mmol/L) or higher indicates gestational diabetes. *Intervention needed.*

Results

Date / Time of Oral Glucose Administered	Time of Blood Sample Taken:	Results: • mg/dL • mmol/L

Blood Glucose Monitoring - AT HOME

This section is for patients diagnosed with gestational diabetes.

Date	Time	Reading (mg/dL)	Notes (e.g., exercise, stress, medication)

Symptoms or Side Effects Noted

Recommendations & Physician's Notes

Next Appointment:

Physician's Signature:

Date: