

# 3-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
- has been pregnant before
- metabolic syndrome
- polycystic ovary syndrome
- body mass index of 30 or higher

**Results of ABNORMAL 1-hour glucose tolerance test:**

### 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.*

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

**Results of 3-hour Glucose Test:**

	Abnormal parameter:	Patient results: • mg/dL • mmol/L
Fasting glucose level	Greater than 95 mg/dL (5.3 mmol/L)	
1 hour glucose level	Greater than 180 mg/dL (10 mmol/L)	
2 hour glucose level	Greater than 155 mg/dL (8.6 mmol/L)	
3 hour glucose level	Greater than 140 mg/dL (7.8 mmol/L)	

**One result abnormal:** Re-test in four weeks time and review diet plan

**Two or more of the results appear abnormal:** The patient will be diagnosed with gestational diabetes.

**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:**