



Medical Record Review

Instructions: Complete a Medical Record Review for each Gift of Life Maternity Care Program Recipient after results for diabetes screen have been received and forward to your Gift of Life Care Coordinator.

_____	_____
Recipient Name	Date Form Completed
_____	_____
DOB	EDC

The following Medical Conditions are identified in the above named recipient's medical record:

- ___ None
- ___ Diabetes (Type I, Type II) } If checked, was referral made to Registered Dietician? _____
- ___ Gestational Diabetes }
- ___ Previous Pre-Term Birth (22 wks 0 days to 36 wks 6 days)
- ___ HIV/AIDS
- ___ Genetic Condition List: _____
- ___ Alcohol Use
- ___ Tobacco Use
- ___ Drug Use
- ___ Mental Health Issues List: _____

_____ Practice Name

Office Use Only:
Date Received by C.C.: _____