Date: [Date]

To: [Referring Physician Name]
Clinic/Hospital: [Clinic Name]
Address: [Address, City, State, Zip]

RE: Gestational Diabetes Consultation

Patient Name: [Patient Name]
Date of Birth: [DOB]
Gestational Age: [Number] Weeks [Number] Days
EDC: [Estimated Date of Confinement]

Dear Dr. [Physician Last Name],

I had the pleasure of evaluating [Patient Name] today for management of Gestational Diabetes Mellitus (GDM). Below is a summary of our consultation and the recommended management plan.

Clinical History

[Insert brief history: e.g., GTT results, previous pregnancies, BMI, and current symptoms.]

Current Assessment

- **Diagnosis:** Gestational Diabetes Mellitus (A1GDM / A2GDM)
- **Blood Glucose Trends:** [Insert summary of glucose logs if available]
- **Fetal Status:** [Insert ultrasound findings/fetal movement summary]

Management Plan

The following plan has been discussed with and agreed upon by the patient:

- **Monitoring:** Patient will perform finger-stick glucose monitoring 4 times daily (Fasting and 1 or 2 hours post-prandial).
- **Nutrition:** Referred to a Registered Dietitian for medical nutrition therapy and carbohydrate counting.
- **Exercise:** Encouraged 30 minutes of moderate-intensity physical activity daily as tolerated.
- **Medication:** [No medication at this time / Commenced on Insulin / Commenced on Oral Hypoglycemics].
- **Fetal Surveillance:** [Schedule for Growth Scans / BPP / NSTs].

Follow-Up

The patient will return to this clinic in [Number] weeks for a review of glucose logs and treatment adjustment. Please continue routine prenatal care.

Thank you for the opportunity to participate in the care of this patient. Please feel free to contact my office if you have any questions.

Sincerely,

[Your Signature]
[Your Name, Title]
[Your Contact Information]