

Important information: Patient advisory and consent for online gestational diabetic teaching.

Patient Name: _____

DOB: _____

In an effort to improve access and accessibility to our gestational diabetic patients. We are now offering our Gestational Diabetes Education class in an electronic format. This is a new concept and we thank you in advance for your participation and your patience for any technical difficulties that may occur.

Acknowledgement

Please initial the following:

- _____ I have watched the Gestational Diabetic Education video.
- _____ I fully understand the material and am knowledgeable of how to contact my provider with any questions or concerns.
- _____ I understand the importance of diet and exercise to maintain a healthy pregnancy.
- _____ I am aware of my carb count and when/how to send in my first blood sugar readings.
- _____ I have been provided a blood sugar log and understand how to contact my provider with a blood sugar under 60 and over 160.
- _____ I am aware that OB triage can be contacted 7 days a week, 24 hours per day at 512-338-8181, Extension 4, Option 1.

Patient Signature

Date