

Personal details			
First name:		NHI:	
Last name:		Date of birth: / /	
Address:			
Phone: (Day)		Phone: (Mobile)	
Email:		Gravidity/parity (G/P):	
New Zealand Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>		Ethnicity:	
Estimated due date (EDD): / /		BMI:	

Clinical details		
GP name and GP practice:		
Gestational diabetes		Additional information:
HbA1c 41-49mmol/L		
Pre-existing diabetes		
Asthma		
Stress		
Depression/anxiety		
Elevated blood pressure		
Other medical conditions		

Referrer details		
Name:		MC:
Are you the LMC? Yes / No		
Signature:		Date: / /
Phone:		Fax:
Email:		
Postal address:		

Fax/email completed form to:

**Western Bay**

E: admin@sportbop.co.nz

**Eastern Bay**

E: adminwhakatane@sportbop.co.nz

**Rotorua**

E: adminrotorua@sportbop.co.nz

