TGH Tampa General Hospital

Induction of Labor Booking Form

Patient Name: _____ DOB: _____

Pt. Phone: _____

Provider: _____

Provider office CONTACT number: _____

Provider office FAX number: _____

Requested date/week for induction: _____ Gestational age now: _____

EDC: _____

☐ Patient has received written material on Induction of Labor
☐ Patient has signed consent for Induction of Labor

Indication for induction

Medical
(May book up to 4 wks prior to requested date)
☐ Abruptio placentae
☐ Chorioamnionitis
☐ Fetal demise
☐ Gestational Hypertension
☐ Chronic hypertension
☐ Preeclampsia/eclampsia
☐ Premature rupture of membranes
☐ Post-term pregnancy
☐ Diabetes mellitus
☐ Renal disease
☐ Chronic pulmonary disease
☐ Fetal compromise: _____

☐ Other: _____
Indication may need to be reviewed by MFM

Elective *(May book up to 7 days prior to requested date)*
39 weeks or more at time of induction
AND
☐ Bishop Score 10 or greater for a Primipara
☐ Bishop Score 8 or greater for a Multipara

Bishop Score			**Total Score:** _____		
Circle each element of exam below & add:					
Score	**Dilation**	**Effacement**	**Station**	**Consistency**	**Position**
0	Closed	0-30%	-3	Firm	Posterior
1	1 - 2	40-50%	-2	Medium	Midposition
2	3 - 4	60-70%	-1,0	Soft	Anterior
3	5 - 6	80%	+1, +2	–	–

Indications:
☐ Risk of rapid labor
☐ Distance from hospital
☐ Psychosocial indications

☐ Other: _____

Does this patient have any specific issues/needs related to the scheduling of this induction? ☐ Yes ☐ No

If yes, explain: _____

_____

**Please fax this completed form along with the prenatal records to (813) 844-1668,
if prenatal records not available in Epic.**

This completed form and the prenatal records will be reviewed by a Labor and Delivery Staff Member. Your office will be notified of the scheduled induction date and time. If the patient needs to be informed of the date and time during this visit, please call the L&D Scheduling Line at (813) 844-8527.

Induction date: _____ Time to arrive at hospital: _____

Scheduled by: _____ Referred to Dept. Chair/Chief: _____

Please remind patient to call (813) 844-7122 prior to leaving home on day of scheduled induction.

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L2004