

Labor Induction Scheduling Form

Please fax the completed scheduling form and prenatal records to 954.978.4003. Please attach records with MFM recommendation for delivery if applicable.

Patient (Last, First): _____ Date of birth: _____ Patient phone#: _____

Gravida: _____ Para: _____ Patient LMP: _____ EDC: _____

Insurance Co.: _____ Policy Number: _____

EGA @ desired date of induction: _____

Physician/CNM: _____ Procedure date requested: _____ EFW: _____

Hepatitis: ☐ Neg ☐ Pos

HIV: ☐ Neg ☐ Pos

GBS: ☐ Neg ☐ Pos ☐ Pending ☐ RPR

	Score			
	0	1	2	3
Position	Posterior	Middle	Anterior	----
Consistency	Firm	Medium	Soft	----
Effacement	0-30%	40-50%	60-70%	80%+
Dilation	Closed	1-2 cm	3-4 cm	5+cm
Station	-3	-2	-1/0	+1/+2

Bishop Score

☐ Pertinent lab results available (GBS, HCT, etc.)

☐ Special Concerns (allergies, medical problems, etc.)

Indication for induction: Elective _____ Medical _____ Indication: **Please Check Appropriate Box Below**

34.0 to 35.6 Weeks	36.0 to 37.6 Weeks
☐ Gestational hypertension w/severe-range blood pressures; ☐ Preeclampsia w/ severe features - stable; ☐ Preeclampsia w/ severe features - unstable; ☐ Monochorionic-diamniotic twins; ☐ IUGR w/abnormal umbilical artery dopplers: absent end diastolic flow; ☐ IUGR w/ concurrent conditions; ☐ Preterm PROM;	☐ Oligohydramnios; ☐ Chronic HTN - uncomplicated, controlled on medications (37.0+ weeks); ☐ Chronic HTN - difficult to control; ☐ Gestational HTN w/o severe-range blood pressures (37.0+ weeks); ☐ Preeclampsia w/o severe features (37.0+ weeks) ☐ Pregestational diabetes w/vascular complications, poor control or prior stillbirth; ☐ Intrahepatic cholestasis w/bile acids <100 micromol/L (36.0 - 39.0 weeks) ☐ Intrahepatic cholestasis w/bile acids >100 micromol/L; ☐ Alloimmunization (37.0+ weeks); ☐ IUGR - <3 rd percentile - no concurrent findings (37.0+ weeks) ☐ IUGR Abnormal umbilical artery dopplers: decreased end diastolic flow w/o absent flow (37.0+ weeks) ☐ di-chorionic/di-amniotic twins with FGR
38.0+ Weeks	39.0+ Weeks
☐ IUGR - between 3 rd & 10 percentile - no concurrent findings; ☐ Di-chorionic/di-amniotic twins; ☐ Chronic HTN: controlled, uncomplicated - no medications.	☐ Pregestational diabetes - well controlled; ☐ Gestational diabetes - well controlled w/ diet & exercise; ☐ Gestational diabetes - well controlled on medications; ☐ Polyhydramnios (mild, idiopathic) ☐ Advanced maternal age 40+ years old ☐ HIV viral load <1,000 copies/ml with antiviral therapy

☐ Other: _____

MD Signature: _____ Date: _____ Time: _____



**HCA Florida
Northwest Hospital**

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Patient Identification / Label