

CERVICAL LENGTH-REQUIRED

Via endovaginal ultrasound, the cervical length appeared to measure _____ cm Funneling? ____ Yes ____ No
If cervix measures < 2.0 cm a cerclage is required.

1st and/or 2nd TRIMESTER SCREEN

If this test has been done is there an increased risk for: Down’s Syndrome? ____ Yes ____ No
Neural tube defect? ____ Yes ____ No

AMNIOCENTESIS

Has the patient undergone any amniocentesis procedures? ____ Genetic ____ Therapeutic ____ None

If a genetic amniocentesis has been performed, please state the fetal karyotype: ____ 46, XX ____ 46, XY

If a therapeutic (decompression) amniocentesis has been performed, please complete the following information:

Date of Procedure	Amount Removed	Fluid Color	Placenta Penetrated		Outer Membrane Detachment		Disruption of dividing membrane (Septostomy)		Gross Rupture of Membranes (PROM)		Chorio-Amnionitis		Placental Abruption	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

INCOMPETENT CERVIX

Does this patient have a history of an incompetent cervix? ____ Yes ____ No

Has a cerclage suture been performed with this pregnancy? ____ Yes ____ No

PRETERM LABOR

Has this patient experienced any symptoms of preterm labor? ____ Yes ____ No

Have any medications for preterm labor been administered? ____ Yes ____ No

List: _____

MEDICAL HISTORY

Please list any pertinent maternal medical conditions (i.e. diabetes, hypertension, lupus, CHD, etc.)

PLEASE FAX FORM TO: (626) 356-3379

Insurance authorization will be coordinated by Arlyn Llanes, RN/Kris Rallo, RN, who may be contacted by phone at (626)356-3360, or by email at Arlyn.Llanes@med.usc.edu or Kris.Rallo@med.usc.edu.

Internal office use:	
DATE RECEIVED _____	DIAGNOSIS _____
RECOMMENDATION _____	FOLLOW UP _____