



# IOL booking form

<b>Induction of labour booking</b>	Patient name ( <i>Attach Patient ID label/BRADMA here</i> )		
Date of assessment ...../...../.....	Hospital no. ....		
	D.O.B ...../...../.....		
	Medicare no. ....		
G ..... P..... EDD ...../...../.....	Does the woman need an interpreter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gestation on day of assessment .....	If yes, has an interpreter been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pregnancy complications:	Medical conditions:		
Indication for induction of labour:			
Have the risks, benefits and alternatives been discussed with the woman?.....Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the woman been provided with printed information about induction of labour?.....Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the woman consented to an induction of labour?.....Yes <input type="checkbox"/> No <input type="checkbox"/>			
Proposed date of IOL ...../...../.....	Proposed method of IOL (✓ all relevant)		
Gestation at IOL .....	Prostaglandins (specify)..... <input type="checkbox"/>		
	Balloon catheter..... <input type="checkbox"/>		
	ARM..... <input type="checkbox"/>		
	Oxytocic infusion..... <input type="checkbox"/>		

Assessment					
Bishop score		0	1	2	3
.....	<b>Dilation</b>	Closed	1-2	3-4	≥5
	<b>Length</b>	>4	3-4	1-2	0
	<b>Consistency</b>	Firm	Medium	Soft	-
	<b>Position</b>	Posterior	Midline	Anterior	-
	<b>Head station</b>	-3	-2	-1/0	+1/+2
Plan for ongoing management prior to IOL date:					
Plan for ongoing management if IOL declined:					
Clinician name.....Signature.....Designation.....					