

# UNIVERSAL CERVICAL LENGTH SCREENING FORM

Member's Name:	Passport ID#:
D.O.B.:	EDC:

Previous spontaneous vaginal delivery or singleton pregnancy <37 wks gestation	yes <input type="checkbox"/>	no <input type="checkbox"/>
Counseled regarding use of 17-P 16-37 wks gestation	yes <input type="checkbox"/>	n/a <input type="checkbox"/>
<b>Cervical Length Screening</b>		
A. 16-22 wks (if previous pre-term delivery) by transvaginal ultrasound	yes <input type="checkbox"/>	n/a <input type="checkbox"/>
< 25mm	yes <input type="checkbox"/>	no <input type="checkbox"/>
B. Digital exam (no history of pre-term delivery)	yes <input type="checkbox"/>	n/a <input type="checkbox"/>
18-24 wks gestation	yes <input type="checkbox"/>	no <input type="checkbox"/>
Suspect < 25mm	yes <input type="checkbox"/>	n/a <input type="checkbox"/>
C. Transvaginal ultrasound measurement of cervical length	yes <input type="checkbox"/>	no <input type="checkbox"/>
< 20mm	independent U/S <input type="checkbox"/>	Add on to office U/S <input type="checkbox"/>
Vaginal Progesterone Daily Recommended	yes <input type="checkbox"/>	n/a <input type="checkbox"/>
Rx Written	yes <input type="checkbox"/>	n/a <input type="checkbox"/>

Provider Name:
Passport Provider ID#:
Office Phone #:

**Please fax completed form to:**  
Mommy Steps at 502-585-7970