ACT Passport content

PATIENT PASSPORT

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OB Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended Birth Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDD (best OB estimate)\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

G:\_\_\_\_ P: \_\_\_/\_\_\_/\_\_\_/\_\_\_

On progesterone? Yes / No

 **√ Type:**  17 OHPC  Vaginal progesterone

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |
| Gestational Age |  |  |  |  |
| Diagnosis/Reason for Visit |  |  |  |  |
| ACT Type: Betamethasone  Dexamethasone |  |  |  |  |
| ACT – Date and time of doses |  |  |  |  |
| Cervical exam (dil/eff) |  |  |  |  |
| Cervical length (cm) |  |  |  |  |
| FFN: ( + or - ) |  |  |  |  |
| GBS: ( + or - ) |  |  |  |  |

**( version 2) – saves some line spacing**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OB Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended Birth Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDD (best OB estimate)\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ G:\_\_\_\_ P: \_\_\_/\_\_\_/\_\_\_/\_\_\_

On progesterone? Yes / No **√ Type:**  17 OHPC  Vaginal progesterone

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |
| Gestational Age |  |  |  |  |
| Diagnosis/Reason for Visit |  |  |  |  |
| ACT Type: Betamethasone  Dexamethasone |  |  |  |  |
| ACT – Date and time of doses |  |  |  |  |
| Cervical exam (dil/eff) |  |  |  |  |
| Cervical length (cm) |  |  |  |  |
| FFN: ( + or - ) |  |  |  |  |
| GBS: ( + or - ) |  |  |  |  |