

BELLINGHAM Birth Center, INC.

2430 Cornwall Avenue Bellingham, WA 98225 (360) 752-2229 fax: 752-2228

ELIGIBILITY FORM

CLIENT'S NAME: _____ EDD: _____

YES NO

- History of a serious obstetrical complication likely to recur
- Previous cesarean section or other significant uterine scar
- Significant signs or symptoms of anemia (unresponsive to diet or iron therapy)
- Pregnancy induced hypertension
- Polyhydramnios or oligohydramnios
- Abruptio placenta, placenta previa, or chorioamnionitis
- Fetal complications, including IUGR
- Current substance abuse
- Multiple gestation, breech or other malpresentation at term

CURRENT MEDICATIONS: _____

- GDM in current pregnancy

I verify that this client has had regular prenatal care which began no later than 24 weeks and an uncomplicated prenatal course. Her case has been considered in light of BBC's risk criteria and she is suitable for midwifery care and birth center birth. She has been screened each trimester while she was in my care to ensure that she remains at low risk for obstetrical complications. She has had nutritional counseling, tailored to her BMI and individual lifestyle, and has also been screened for domestic violence and perinatal mood disorders prenatally. She has had access to our medical biller and has had the opportunity to receive an in-person orientation to the birth center and to the financial policies of BBC.

Signature of Midwife

Date

Signature of Owner

Date

**PLEASE PROVIDE CONSULTATION NOTES TO BBC PRIOR TO 36 WEEKS
FOR ANY CLIENT REQUIRING A PHYSICIAN CONSULTATION DURING PREGNANCY**
~ Revised 1/2023 ~