

BELLINGHAM *Birth Center*, INC.

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

ELIGIBILITY FORM

CLIENT'S NAME: _____

EDD: _____

YES NO

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

CURRENT MEDICATIONS: _____

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 ~