



Lynden Birth Center, LLC
 Licensed Birth Center
 200 3rd Street, Lynden, WA 98264
 360-510-0188
 FAX: 844-411-7474

Eligibility Form

To be completed by the midwife. Please check the appropriate boxes below to verify that your client is eligible to give birth at Lynden Birth Center. **This form must be returned to LBC before your client is 36 weeks pregnant.** Thank you.

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
		Chorioamnionitis
		Intra-uterine growth retardation
		Fetal complications
		Current substance abuse
		Placenta previa
		Multiple gestation
		Breech or other malpresentation at term

I verify that my client has had an uncomplicated prenatal course and regular prenatal care which began no later than 24 weeks. She has had nutritional counseling prenatally and has been screened for domestic violence. My client has only the above noted risk factors and is suitable for midwifery care and birth center birth at this time.

Signature of Midwife: _____ Date: _____

My client has the following risk factors: _____

I have consulted with the following physician: _____

Signature of Midwife: _____ Date: _____