



Home Birth Midwifery Service TM

NARM CERTIFIED PROFESSIONAL MIDWIVES ~ VA Licensed

Kim Mosny, CPM, LM

Cell: 901- 292-4876 / (804) 651-0608

13541 East Boundary Road, Suite 101 ~ Midlothian, VA 23112

Medical & Emergency Back-up Plan for Referral and Transfer

In accordance with the policies, procedures, and recommendations of *Kim Mosny, CPM, LM* and the *Home Birth Midwifery Service*, I understand that Virginia Licensed Midwives (LM) are not required by law to be supervised by nor required to collaborate with a physician. I further acknowledge and understand that it is my responsibility to retain the services of a physician for the purpose of collaborative medical care in the event that such is necessary or required by my midwife.

Name: _____

Today's Date: _____

Address: _____

Home Phone: _____

City, State, Zip: _____

Work Phone: _____

Spouse / Partner: _____

Spouse's Work Ph: _____

Physician: _____

Date of Consult: _____

Phone: _____

Pager or Service: _____

Pediatrician: _____

Date of Consult: _____

Phone: _____

Pager or Service: _____

Hospital (EMERGENCY transfer): _____

Address: _____

Phone: _____

Hospital (NON-EMERGENCY transfer): _____

Address: _____

Phone: _____

Emergency Contact Person: _____

Relationship: _____

Phone(s): _____

Directions / Map (draw or attach map on back) to your home:

I/We understand that the Home Birth Midwifery Service recommends that I/we have a Medical & Emergency Back-up Plan as stated above and in their Informed Choice Agreement.

Signatures: _____

Date: _____

Signatures: _____

Date: _____