



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PERINATAL RISK ASSESSMENT

PLEASE PRINT CLEARLY

REQUIRED FOR FORM PROCESSING

Date Form Completed: MM - DD - YY SSN: Insurance ID/Medicaid #: Insurance Effective Date: MM - DD - YY

Patient Information
Last Name* First Name* Date of Birth* (MM - DD - YY)
Street Address* City*
Zip Code* County Home / Cell Phone* Work Phone
Emergency Contact Name* Emergency Contact Phone*
Name of Father of the Baby Father of Baby Involved . . . Yes No
Married Yes No

Provider Information*
Provider FAX # Provider Phone # Provider Zip Code Planned Delivery Site Code
Provider Chart # NPI # / Provider # Screener: First Initial and Last Name

Race/Ethnicity (choose one)
 African American Multi-Racial
 Caucasian Hispanic
 Asian Other
 Native American

Primary Language (choose one)
 English
 Spanish
 Other (specify) _____

Health Insurance* (Select all that apply)
 Medicare
 Medicaid PE
 Medicaid FFS
 Medicaid MC
 NJ Family Care
 Commercial
 Uninsured/Self-Pay

MCO* (choose one for Medicaid Eligibles)
 None Health Net
 AmeriChoice Horizon NJ Health
 AmeriGroup University Health Plans

Entry Into Prenatal Care	Physical Assessment	Perinatal History	Oral Health and Referral
Date of first visit: MM - DD - YY Date of 1st visit under MCO: MM - DD - YY LMP*: MM - DD - YY EDC*: MM - DD - YY	Blood Pressure: / Pre Pregnancy Weight (lbs): Current Weight (lbs): Height (Ft-Inches): -	Gravida* Para* Date of most recent live birth: MM - DD - YY Weeks Gestation of Preterm loss(es): select any that apply <input type="radio"/> <21 wks <input type="radio"/> 21-34 wks <input type="radio"/> >34 wks Specify # of Weeks Gestation of most advanced loss:	Yes No Sensitive/Bleeding Gums <input type="radio"/> <input type="radio"/> Dental Referral Given <input type="radio"/> <input type="radio"/> Patient Education Given <input type="radio"/> <input type="radio"/> Visit within the last year <input type="radio"/> <input type="radio"/>

Pregnancy Risk Factors All Risk Factors Negative

	Current Preg	Prior Preg	Family History		Current Preg	Prior Preg	Family History		Current Preg	Prior Preg	Family History						
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N					
Previous Cesarean Section	na	na	<input type="radio"/>	<input type="radio"/>	Multiple Gestation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fetal Genetic/Structural abnormalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Low Birth Weight (<2500gm)	na	na	<input type="radio"/>	<input type="radio"/>	Fetal Reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rh Negative	<input type="radio"/>	<input type="radio"/>	na	na				
History of PROM	na	na	<input type="radio"/>	<input type="radio"/>	Macrosomia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis B	<input type="radio"/>	<input type="radio"/>	na	na				
Hyperemesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	IUGR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Group B Strep	<input type="radio"/>	<input type="radio"/>	na	na				
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	Oligo/Polyhydramnios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Opioid Replacement Treatment	<input type="radio"/>	<input type="radio"/>	na	na				
Gestational Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	Abnormal Amniocentesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pyelonephritis	<input type="radio"/>	<input type="radio"/>	na	na				
PIH/Preeclampsia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	Abnormal AFP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urinary Tract Infection	<input type="radio"/>	<input type="radio"/>	na	na				
Placenta Previa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	Maternal Fetal Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assisted Reproductive Technology	<input type="radio"/>	<input type="radio"/>	na	na				
Cervical Incompetence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	Abdominal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bleeding during current pregnancy	<input type="radio"/>	1st	<input type="radio"/>	2nd	<input type="radio"/>	3rd	<input type="radio"/>	Na
Ectopic Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na													

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Provider Chart #

Grid for Provider Chart #

Current Medical Conditions table with columns for Yes/No, On Meds, Patient History, Family History, and various conditions like Neurological, Seizures, Depression, etc.

Psychosocial Risk Factors table with columns for Yes/No, Reason for Late Entry into Prenatal Care, and Environmental Exposures.

*4Ps Plus section with questions about parents' drug/alcohol use, partner's health, and pregnancy history.

4 Ps Plus Follow-up Questions table with columns for Refer for Assessment, Prevention Education, and No Referral Needed.

Plan of Care table with columns for Completed/Enrolled, Referred, and Refused, listing various services like Tobacco Cessation, Substance Abuse Prevention, etc.

Current Medications and Additional Critical Information section with lines for text entry.

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