PRA | SPECT

PERINATAL RISK ASSESSMENT | SINGLE POINT OF ENTRY CLIENT TRACKING SYSTEM

WWW.PRASPECT.ORG

Community Health Worker

Staff Level

Family Health Initiatives
2500 McClellan Ave, Suite 270
Pennsauken, NJ 08109
856.665.6000

Rev 063014

Table of Contents

PRA | SPECT SYSTEM

The Perinatal Risk Assessment (PRA) tool is used to refer pregnant and postpartum women to Central Intake, Community Home Visiting, and Community Health Worker Services through a Single Point of Entry and Client Tracking (SPECT) System

The PRA is:

- Completed by prenatal care providers in New Jersey
- A uniform assessment tool to determine the risk factors affecting a current pregnancy
- Submitted to Family Health Initiatives (FHI) for data processing
- Used by Medicaid Managed Care Organizations (MMCOs) for case management and as authorization for payment
- Forwarded to Community Home Visiting (CHV) and Community Health Worker (CHW) partner agencies when referral for these programs is necessary and desired by the patient

The PRA | SPECT System:

- Receives client information and automatically forwards referrals received from prenatal providers, social service agencies, and other community partners to the appropriate Central Intake Agency (CI)
- Triages referrals according to criteria determined by the partners
- Alerts the Community Home Visiting or Community Health Workers partner agency of the referral via email
- Provides participating agencies and referring providers with a web portal to identify individuals involved in partnering programs
- Assures secure HIPAA compliant storage and transmission of data
- Reports summary data to participating providers and agencies

Referring Prenatal Care Providers:

- Completes the PRA on ALL pregnant women entering care
- Documents the referral to Central Intake, Community Home Visiting or Community Health Worker in the "Plan of Care" section of the PRA

Central Intake Agency:

- Maintains the PRA | SPECT data system and coordinates the PRA | SPECT partnerships
- Determines and agrees upon criteria for triage of community referrals
- Initiates signed agreements to share information about clients in the system with all partner agencies (referring and receiving)
- Agrees to use the PRA, One Page Referral Form or the Community Health Screen as a uniform referral tool which is completed by referring agencies

Community Agencies:

- Notifies referring agencies about client assignments and enter regular updates about client encounters, resources provided, and referrals and appointments made into PRA | SPECT
- Are responsible for closing cases in the PRA | SPECT system.
- Documents all Encounters with clients up to enrollment and once they are closed.

Referral Sources:

- PRA (Perinatal Risk Assessment) Forms completed by prenatal care providers
- Community Health Screening Referral Form completed and faxed or entered online by partnering social service/community agencies/CHW programs or Central Intake
- Direct from partnering social service/community agencies
- Staff Outreach
- Self-referrals

SPECT Home Page

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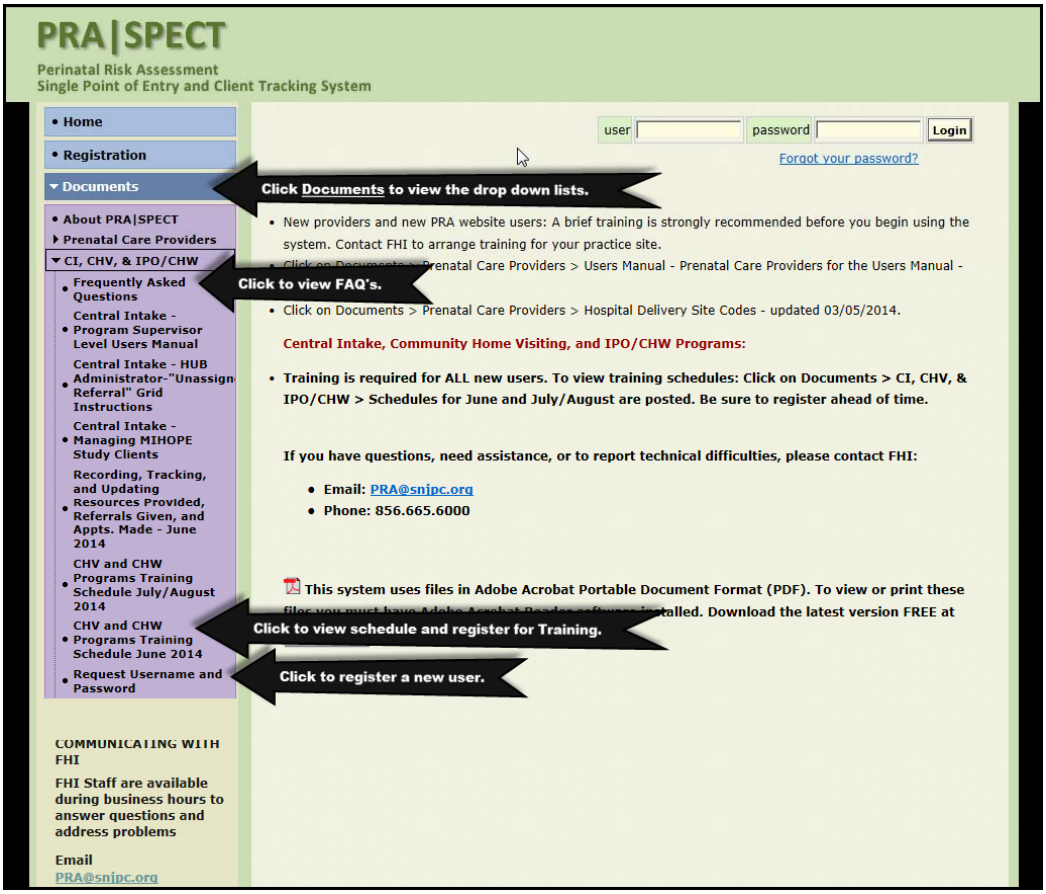
Before contacting FHI, check the Home Page for Frequently Asked Questions, User Manuals, Updates, and New information.

WWW.PRASPECT.ORG



To report issues, ask questions, clarify policy, and to request users, new programs, and new referring agency partners:

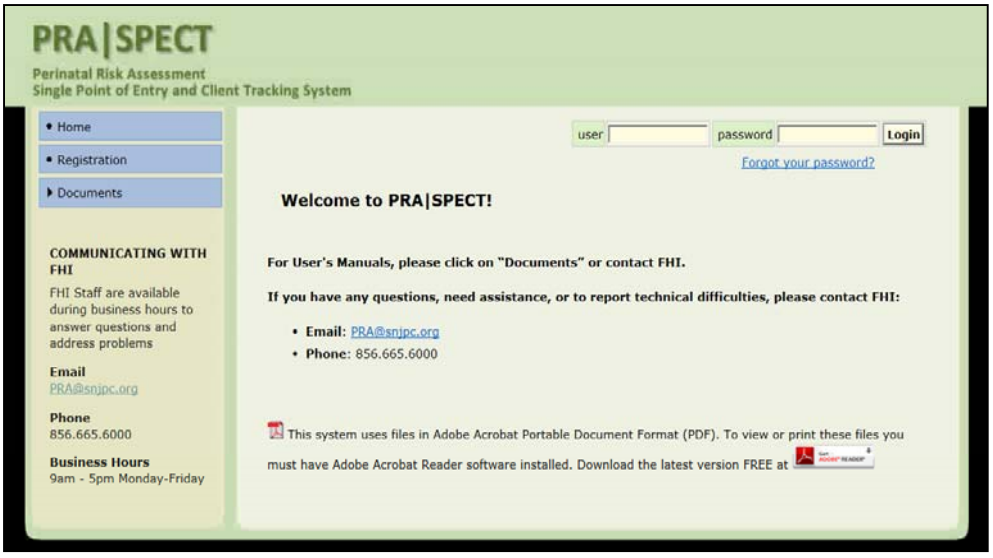
Email: SPECT@snjpc.org

Login to PRA | SPECT

www.praspect.org

All users must attend mandatory training prior to using the SPECT system

- Current training schedule is available on the landing page prior to logging on.
  - Click **Documents**
  - Click **CI, CHV, & IPO/CHW** OR Contact your Central Intake HUB Administrator or FHI for a schedule.
- The SPECT User Registration form and training must be completed prior to receiving your login information.
  - User Registration form is available on the landing page prior to logging on.
    - Click **Documents**
    - Click **CI, CHV & IPO/CHW**
    - Click **Request Username and Password**



User Registration Form

PRA|SPECT

Perinatal Risk Assessment
Single Point of Entry and Client Tracking System

DATABASE USER REGISTRATION FORM
(Please Print Clearly)

Name _____
Title _____
Agency _____
Agency Address _____
_____
Program Name (HF, NFP, PAT, IPO, etc.) _____
County of Program _____
Phone _____
Email

User name _____
Password (8 characters-alpha numeric) _____

FOR WHICH PROGRAMS DO YOU NEED ACCESS:

- ☐ PRA COMPLETION (PRENATAL CARE PROVIDERS)
- ☐ CENTRAL INTAKE/ COMMUNITY HOME VISITING
- ☐ IMPROVING PREGNANCY OUTCOMES/COMMUNITY HEALTH WORKERS
- ☐ OTHER _____

FOR COMMUNITY HOME VISITING, PLEASE INDICATE YOUR ROLE(S):

- ☐ Central Intake Administrator
- ☐ Program Supervisor / Program Administrator / Data Entry for Program
- ☐ Program Staff (Nurse, FSW, PE, Case Mgr, etc.)

FOR IPO / CHW, PLEASE INDICATE YOUR ROLE(S):

- ☐ Program Supervisor / Program Administrator / Data Entry for Program
- ☐ Community Health Worker

Please complete and fax to Donna Bordner, FHI, 856-665-7711 or email to dbordner@snjpc.org

Outreach Events

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Always add your outreach events in order to attach each initial client contact record to that event.

Types of Events include:

- Education
  - Health Education
  - Workshop
  - Other
- Meetings
  - Advisory Board Meeting
  - Informal Meeting
- Outreach
  - Community Event
  - Door-to-Door
  - General Public Event
  - Health Fair
  - Healthcare Setting
  - Public Setting
  - Workshop
  - Other

Adding Outreach Events

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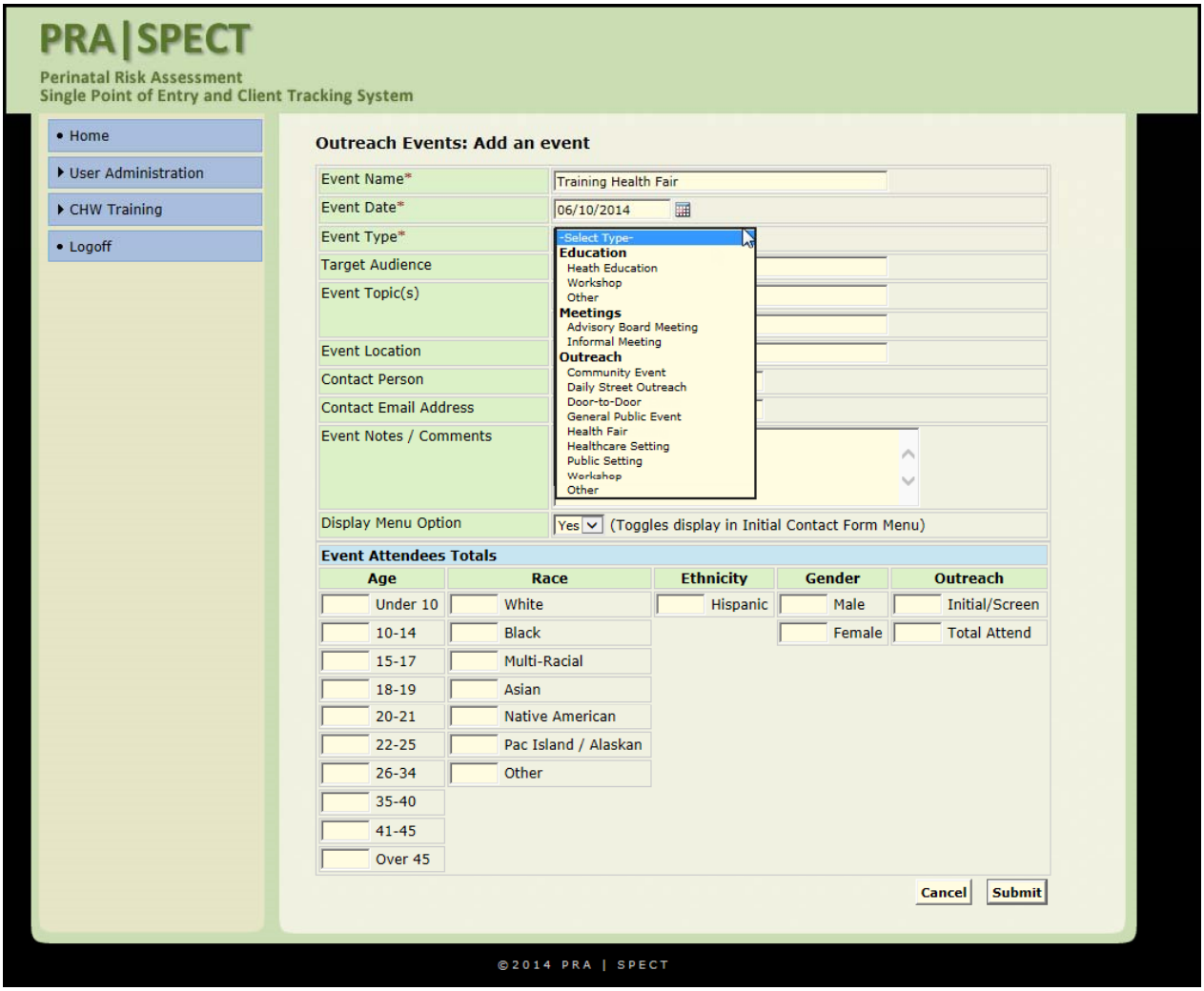
- Complete this form with Event Names that are meaningful to your program.
- All fields should be completed.
- **All fields marked with an * are mandatory.**



Outreach Events

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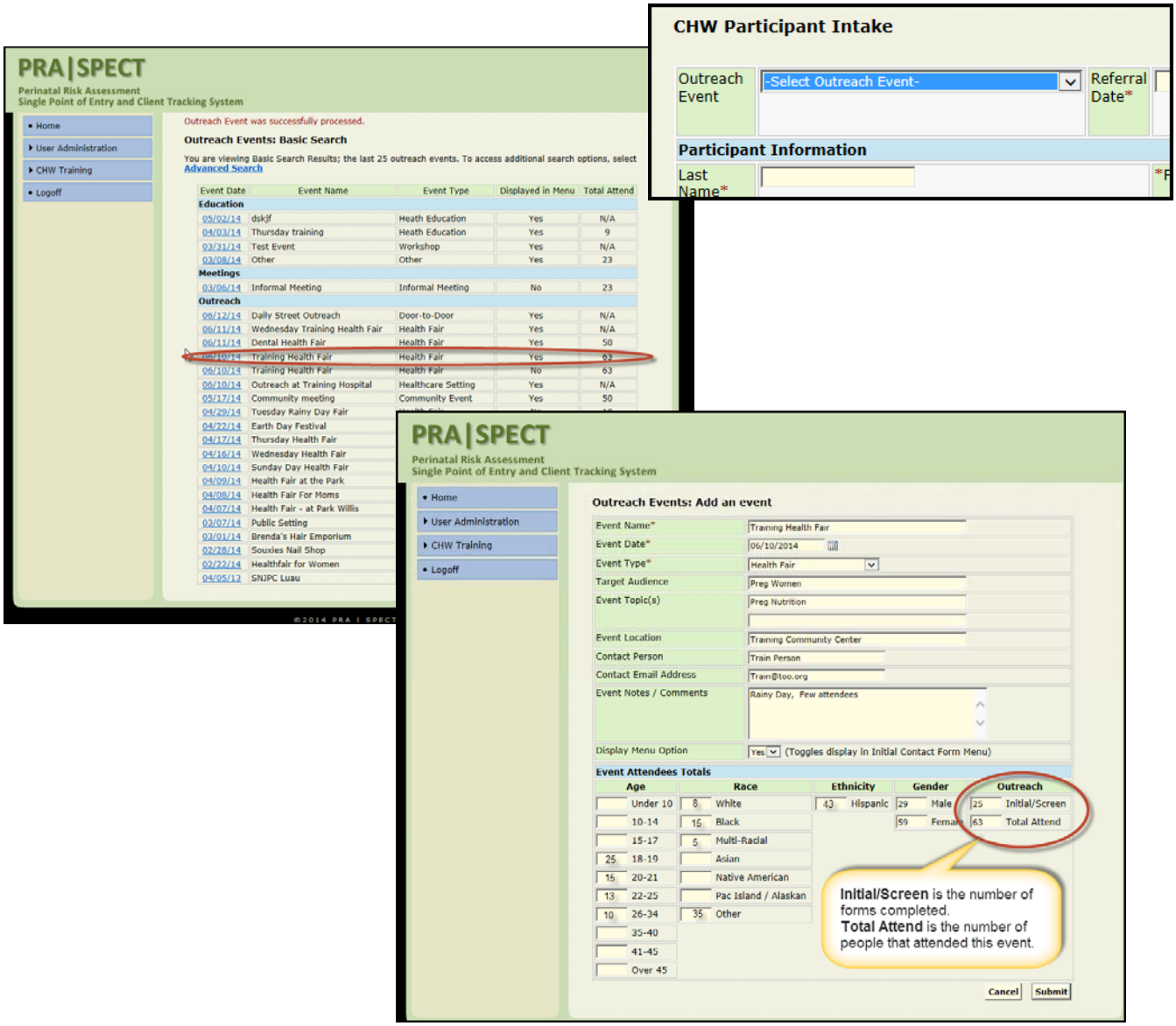
The Event you have added is now available to be updated with attendees by clicking on the event date.

- Always update events with attendee totals and contact counts.
  - For numbers to count in IPO/CHW statistic reports, an initial contact record must be attached to an outreach event.



Adding Initial Contacts and New Referrals

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• Initial Contacts and New client referrals are obtained from the following sources:

- Partner Agencies
- Outreach in the community
- Events and Workshops in the community
- Door to Door outreach
- Self Referrals
- Other Sources

New Initial Contacts and Referrals

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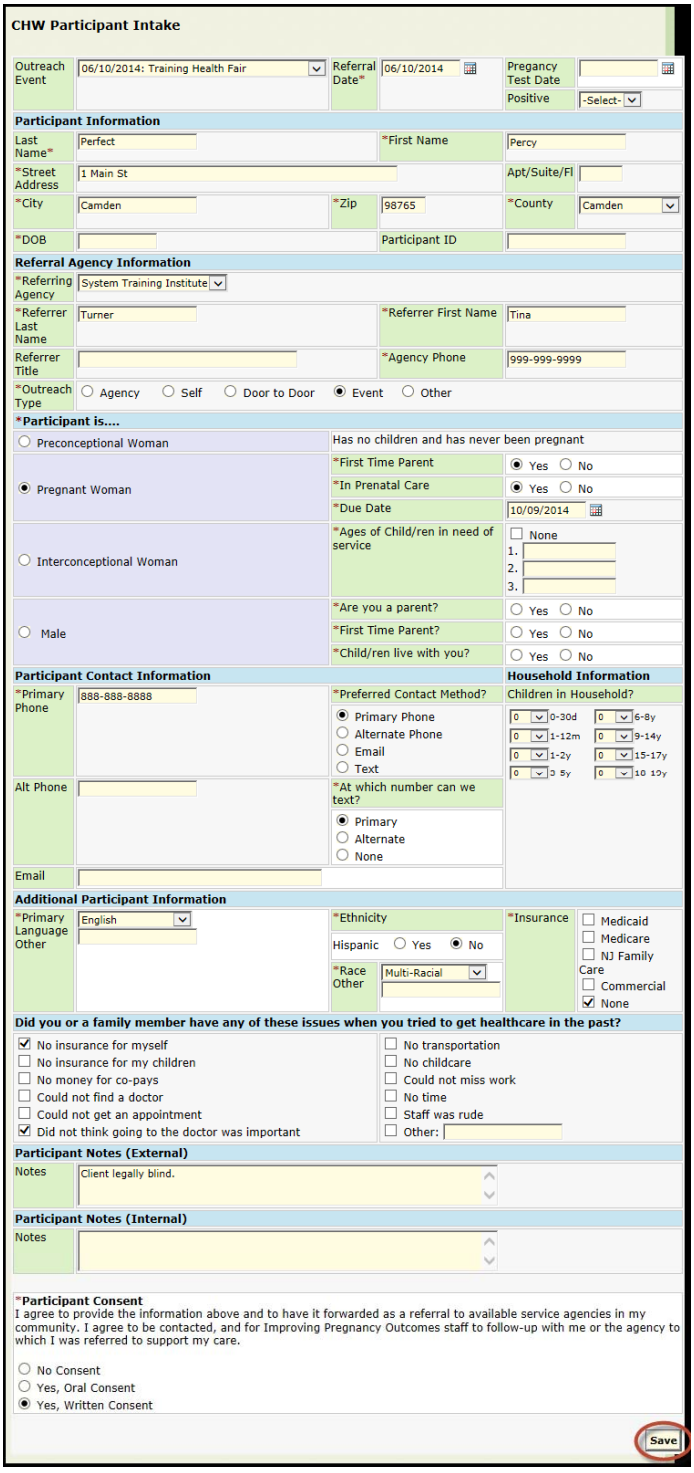
From CHW Menu

- Select **CHW** (*your agency here*)
- Select **Initial Contact**
- Select **Add New Referral**
    - Click **Initial Contact**
    - Click **Add New Referral.**
    - Complete each field of the form. – *see next page*
    - All required fields marked with an * **MUST** be entered in order to process the form.
    - Click **Save** - to save the form.

New Initial Contacts and Referrals

All required fields must be entered to submit the form.



CHW Participant Intake

Outreach Event: 06/10/2014: Training Health Fair | Referral Date*: 06/10/2014 | Pregancy Test Date: | Positive: -Select-

Participant Information

Last Name*: Perfect | *First Name: Percy
*Street Address: 1 Main St | Apt/Suite/Fl:
*City: Camden | *Zip: 98765 | *County: Camden
*DOB: | Participant ID:

Referral Agency Information

*Referring Agency: System Training Institute
*Referrer Last Name: Turner | *Referrer First Name: Tina
Referrer Title: | *Agency Phone: 999-999-9999
*Outreach Type: ○ Agency ○ Self ○ Door to Door ◉ Event ○ Other

***Participant is....**

○ Preconceptional Woman — Has no children and has never been pregnant
◉ Pregnant Woman — *First Time Parent: ◉ Yes ○ No; *In Prenatal Care: ◉ Yes ○ No; *Due Date: 10/09/2014
○ Interconceptional Woman — *Ages of Child/ren in need of service: ☐ None; 1. 2. 3.
○ Male — *Are you a parent?: ○ Yes ○ No; *First Time Parent?: ○ Yes ○ No; *Child/ren live with you?: ○ Yes ○ No

Participant Contact Information

*Primary Phone: 888-888-8888 | *Preferred Contact Method?: ◉ Primary Phone ○ Alternate Phone ○ Email ○ Text
Alt Phone: | *At which number can we text?: ◉ Primary ○ Alternate ○ None
Email:

Household Information

Children in Household?
0-30d, 6-8y, 1-12m, 9-14y, 1-2y, 15-17y, 3-5y, 10-12y

Additional Participant Information

*Primary Language: English | Other:
*Ethnicity: Hispanic ○ Yes ◉ No
*Race: Multi-Racial | Other:
*Insurance: ☐ Medicaid ☐ Medicare ☐ NJ Family Care ☐ Commercial ☑ None

Did you or a family member have any of these issues when you tried to get healthcare in the past?

☑ No insurance for myself
☐ No insurance for my children
☐ No money for co-pays
☐ Could not find a doctor
☐ Could not get an appointment
☑ Did not think going to the doctor was important
☐ No transportation
☐ No childcare
☐ Could not miss work
☐ No time
☐ Staff was rude
☐ Other:

Participant Notes (External)

Notes: Client legally blind.

Participant Notes (Internal)

Notes:

***Participant Consent**

I agree to provide the information above and to have it forwarded as a referral to available service agencies in my community. I agree to be contacted, and for Improving Pregnancy Outcomes staff to follow-up with me or the agency to which I was referred to support my care.

○ No Consent
○ Yes, Oral Consent
◉ Yes, Written Consent

Save

New Initial Contacts and Referrals

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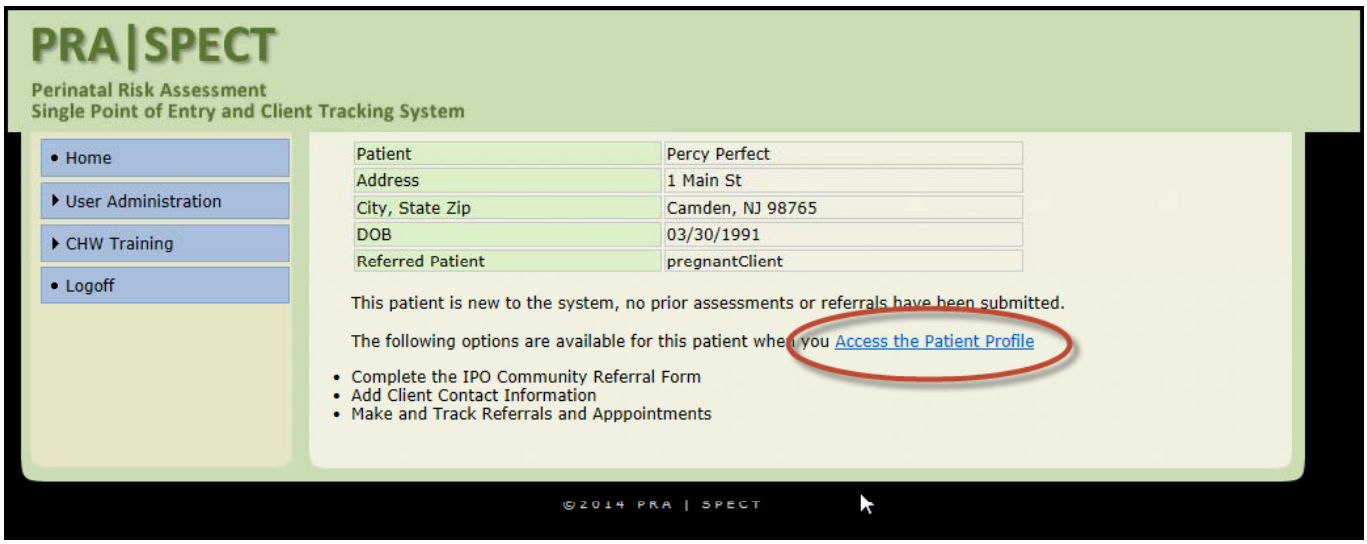
Once the form has been submitted, if it is not a duplicate referral, a message will appear that this patient is new to the system.

- Click **Access the Patient Profile**
  - **To complete the Community Health Screen**
  - **Add Client contact**
  - **Make and track resources, referrals or appointments**
- **Or** you may continue to add new referrals by repeating the **Add New Referral** process.



Duplicate Referrals

- Coming Soon.

Patient Profile

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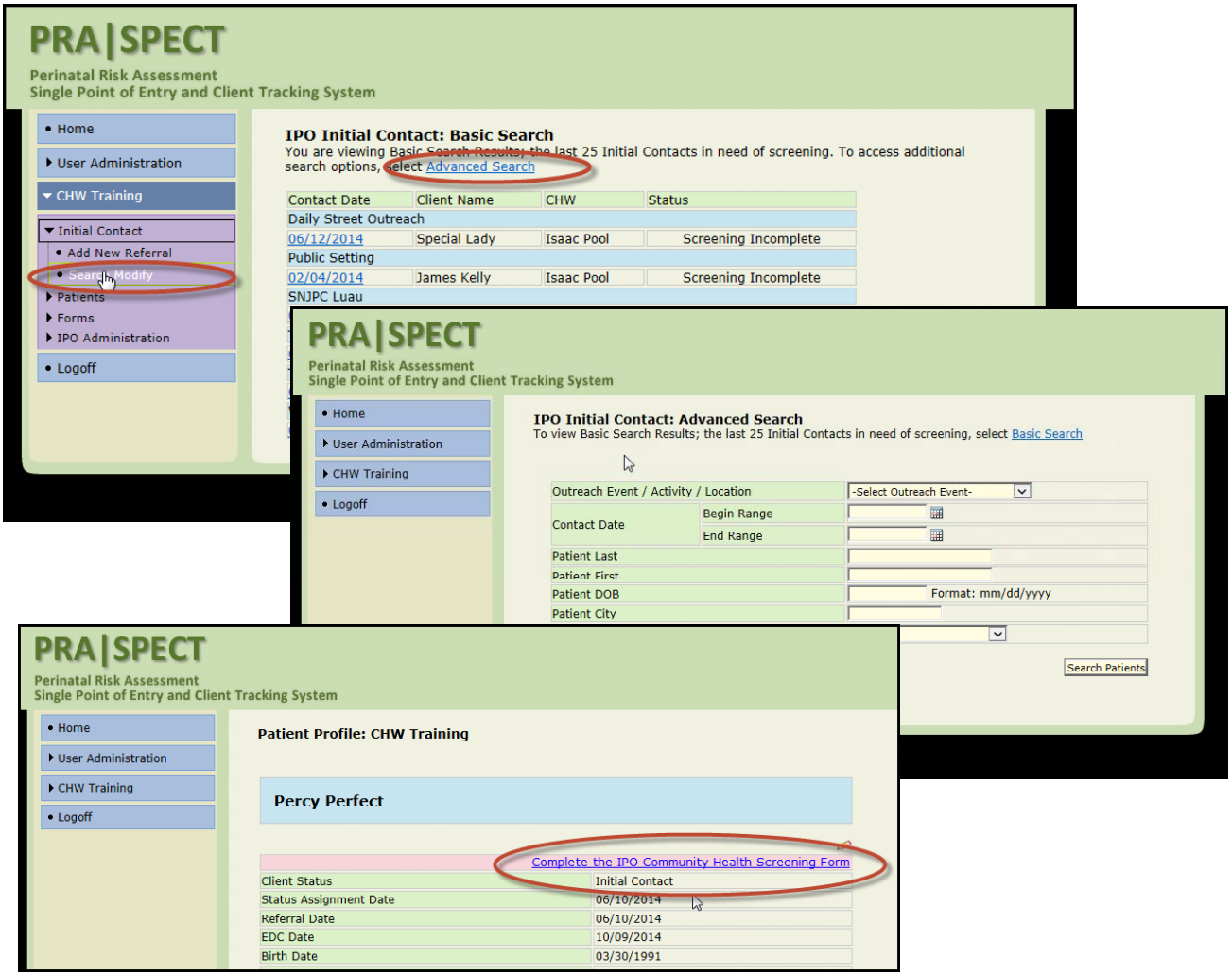
CHW can still access a client record after submitting a form to Central Intake.

From **CHW** Menu

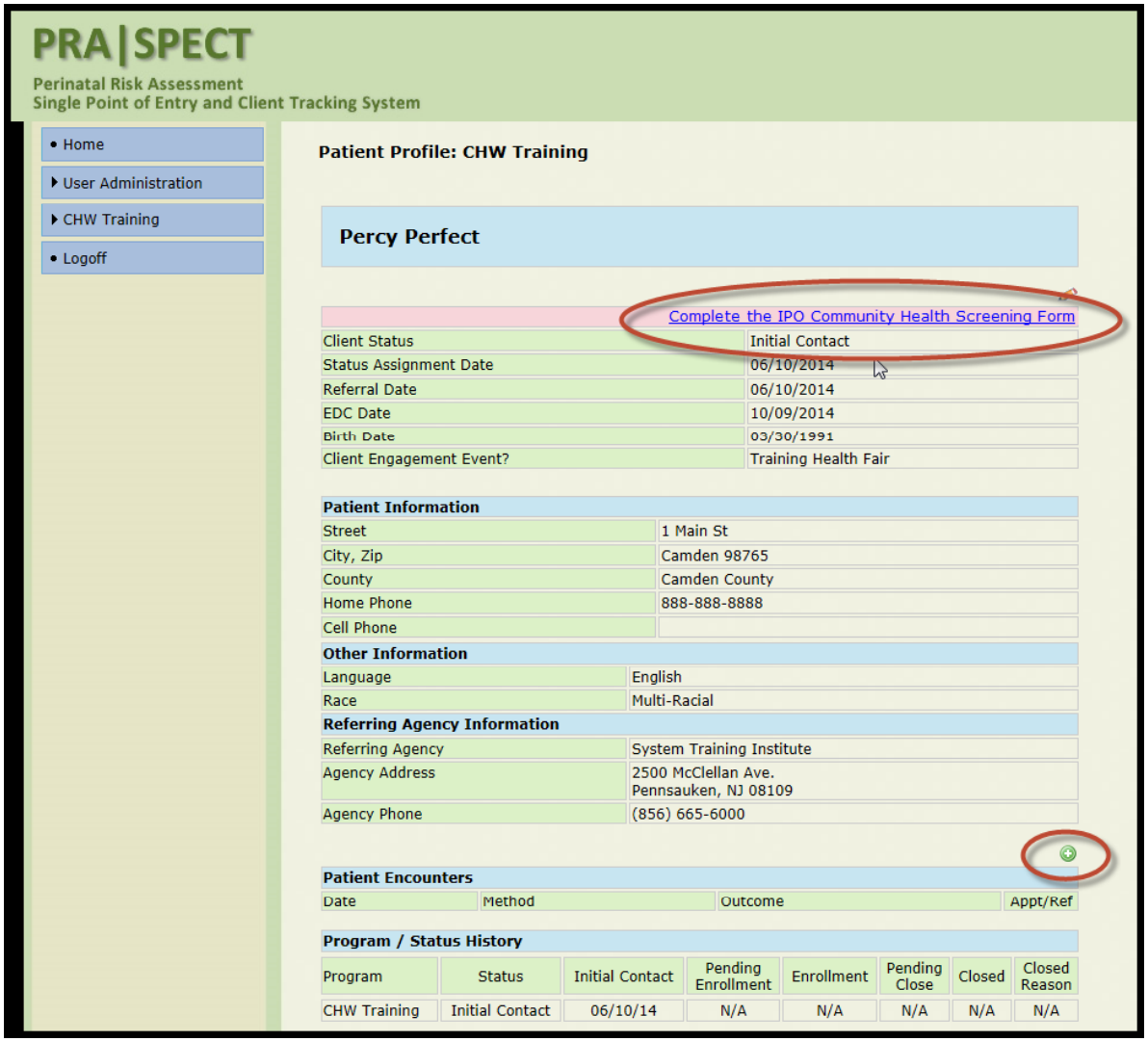
- Select **Initial Contact**
- Select **Search Modify**
  - **The 25 most recent incomplete screenings will appear.**
  - Click the date of the client record **OR**
  - Click **Advanced Search** to search for all records.
  - Click the clients name from the results list to access the Patient Profile.



Access Patient Profile

In **Patient Profile** you have the option to:

- Review/Complete **the IPO Community Health Screening Form**
- Add outreach efforts, referrals, resources, or appointments regardless of whether client has been forwarded to Central Intake or to a Home Visiting program.
- Record outcomes of referrals, resources, or appointments.

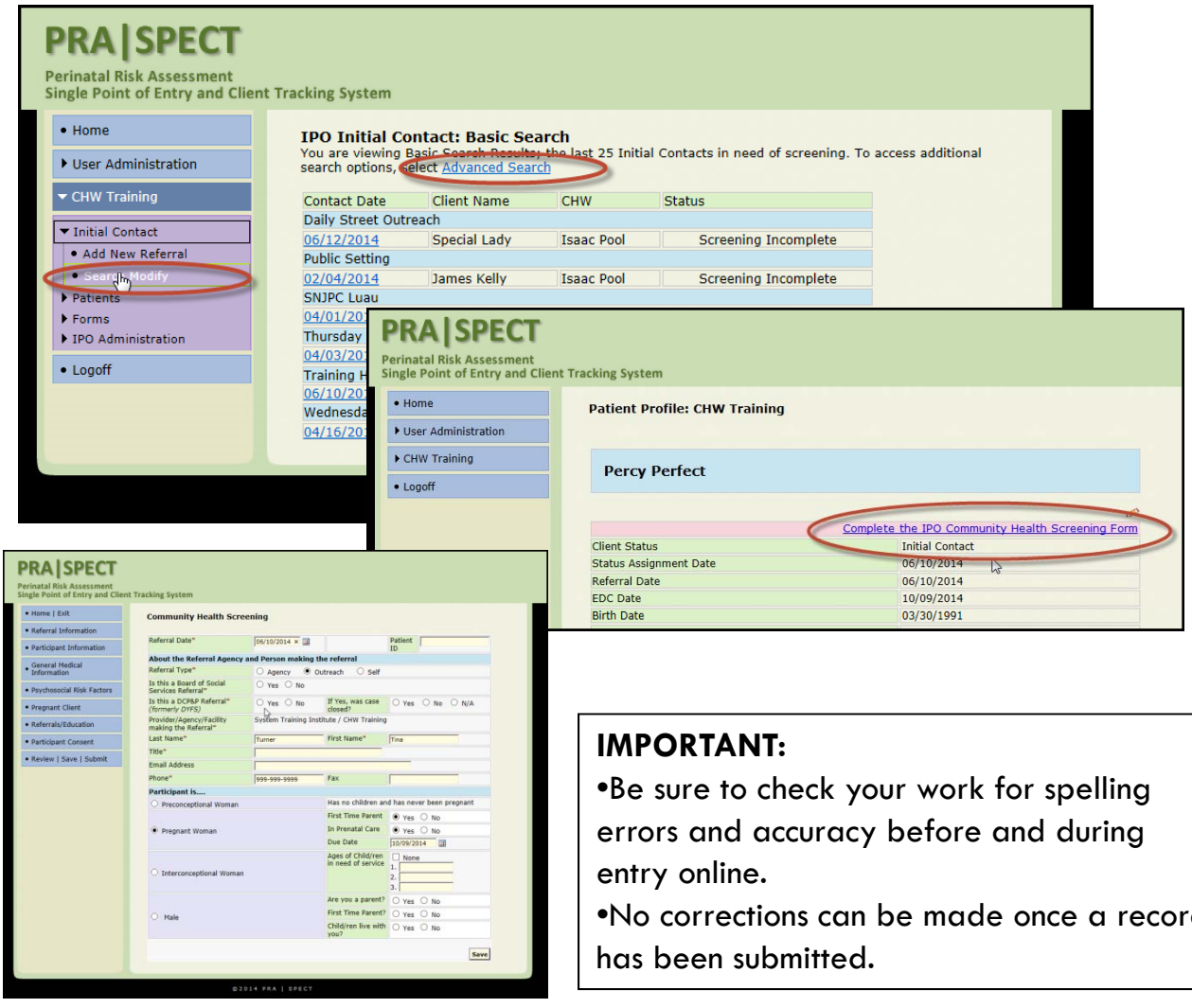


Community Health Screen

To complete the Community Health Screen:

From CHW Menu

- Click **Initial Contact**
- Click **Search/Modify**
- Select the client from the list of Incomplete Screenings
- OR use Advanced Search
- Click client name to select the client record
- From Patient Profile, Click "Complete the IPO Community Health Screening Form"



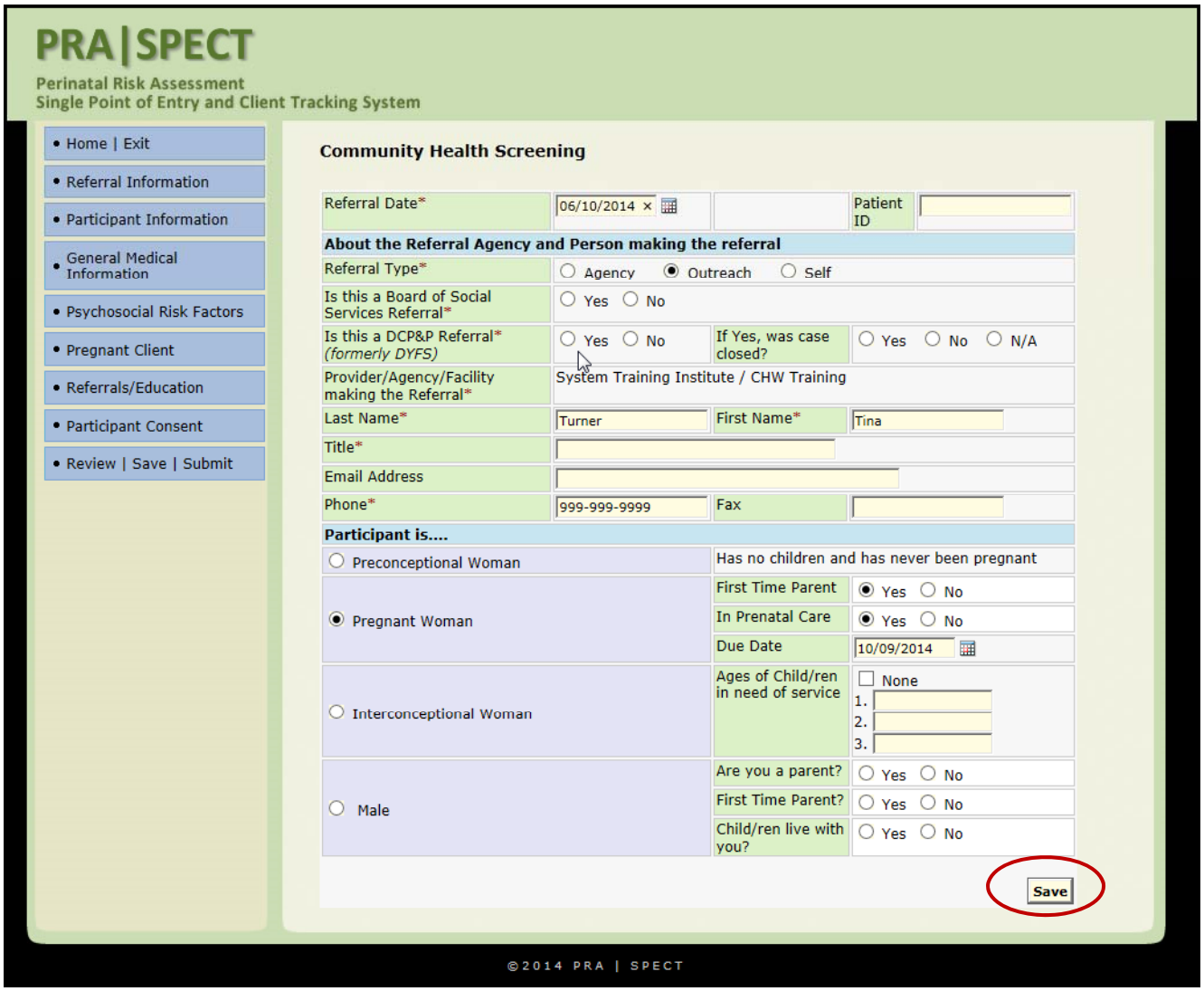
IMPORTANT:

- Be sure to check your work for spelling errors and accuracy before and during entry online.
- No corrections can be made once a record has been submitted.

Community Health Screen

Section 1 – Referral Information

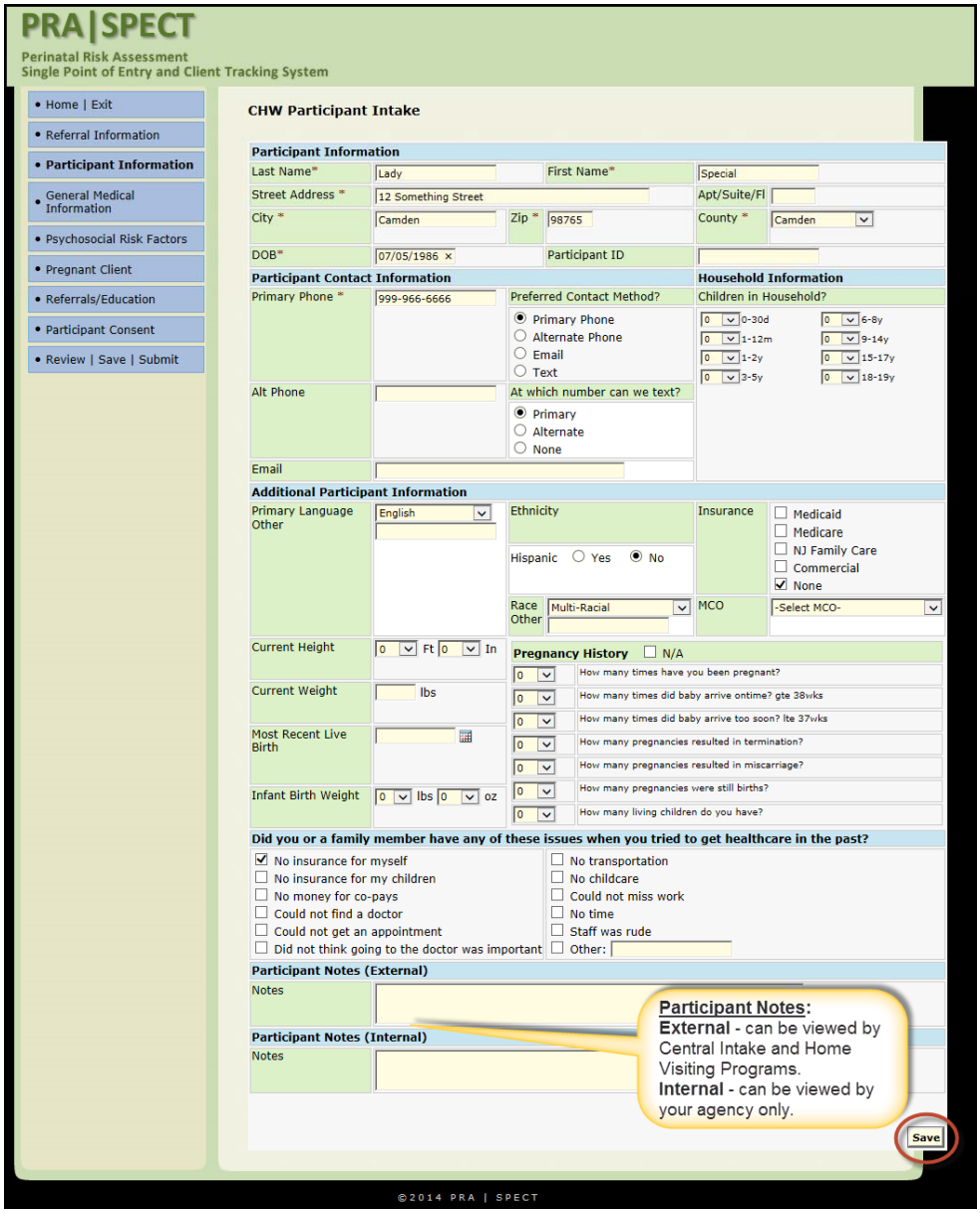
- Information from the Initial Referral Form will auto-fill into the Community Health Screen (CHS) form.
- Click **Save** to save your entry and move to the next section.



Community Health Screen

Section 2 – Participant Information

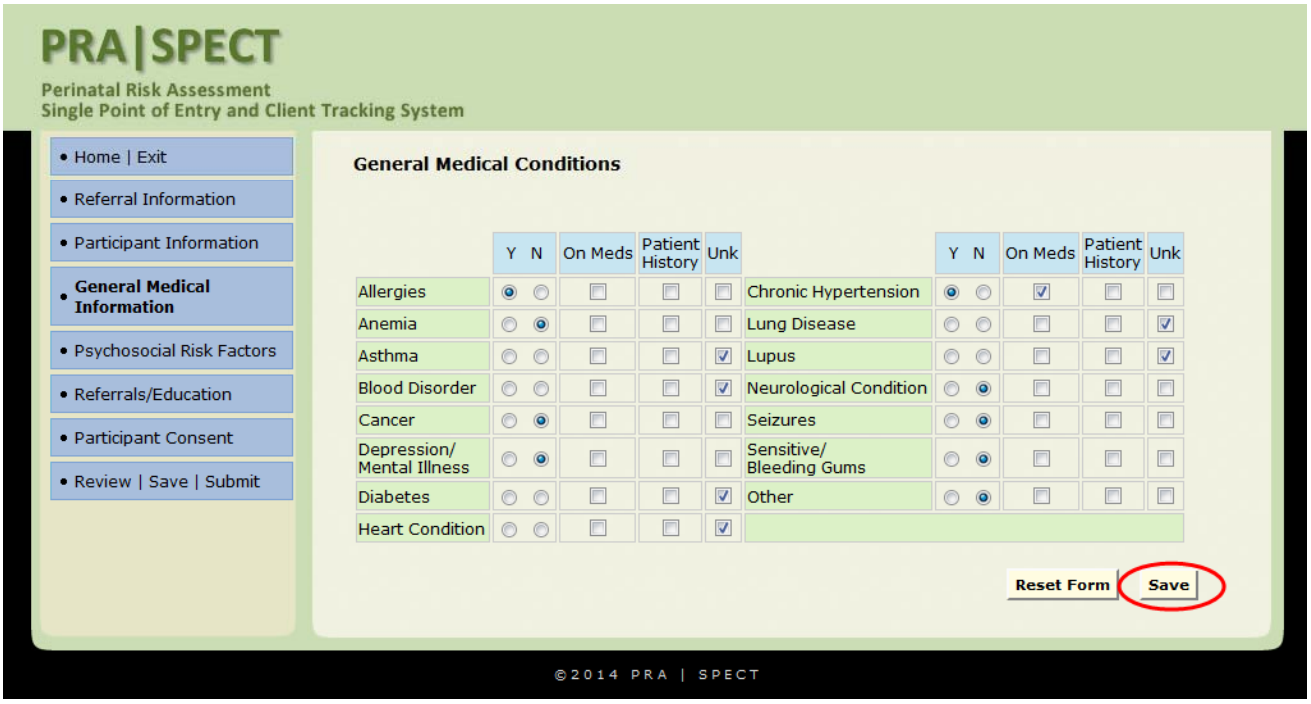
- Complete as much information as possible.
- All required information marked with an * must be completed.
- Click **Save** to save your entry and move to the next section.



Community Health Screen

Section 3 – General Medical Information

- Fill in as much information as possible.
- If a mistake is made, click Reset Form to clear the page.
- Click **Save** to save your entry and move to the next section.



Community Health Screen

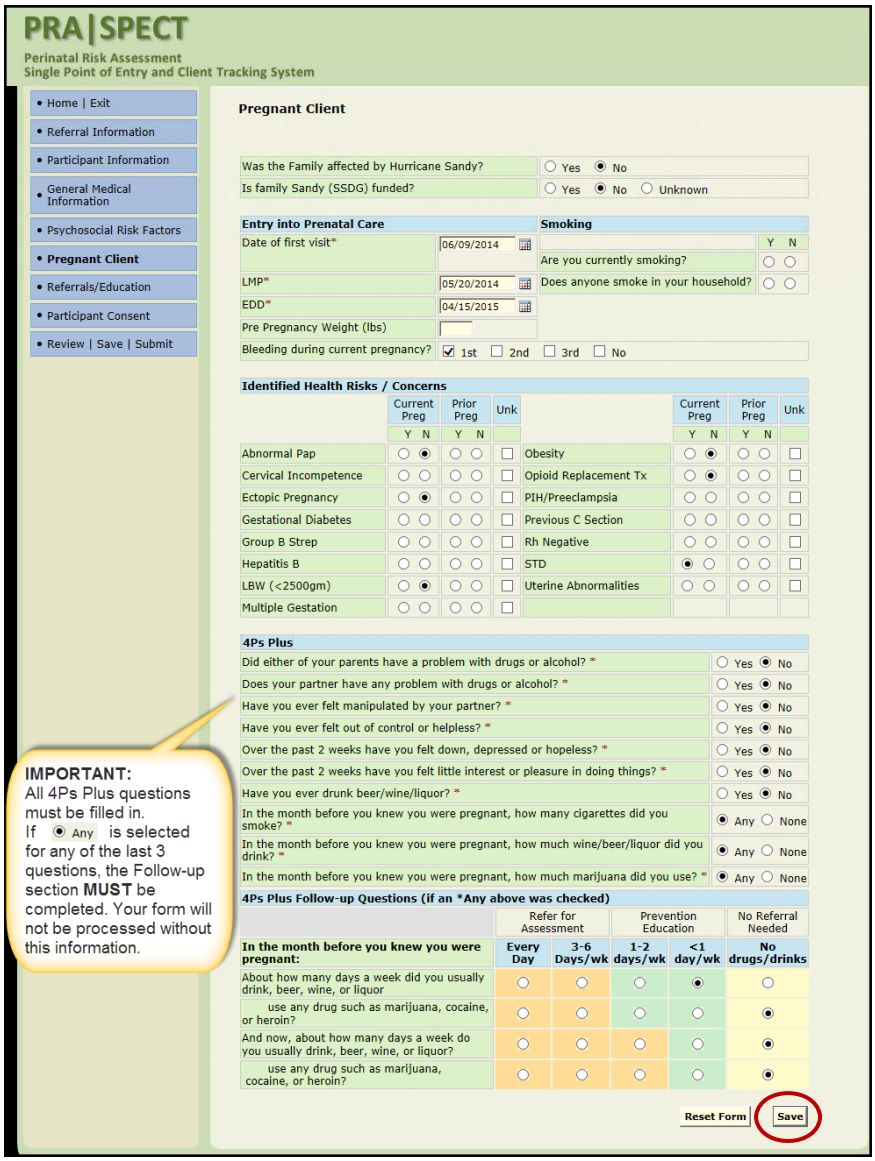
Section 4 – Psychosocial Risk Factors

- Fill in as much information as possible.
- Click **Save** to save your entry and move to the next section.

Community Health Screen

Section 5 – Pregnant Client

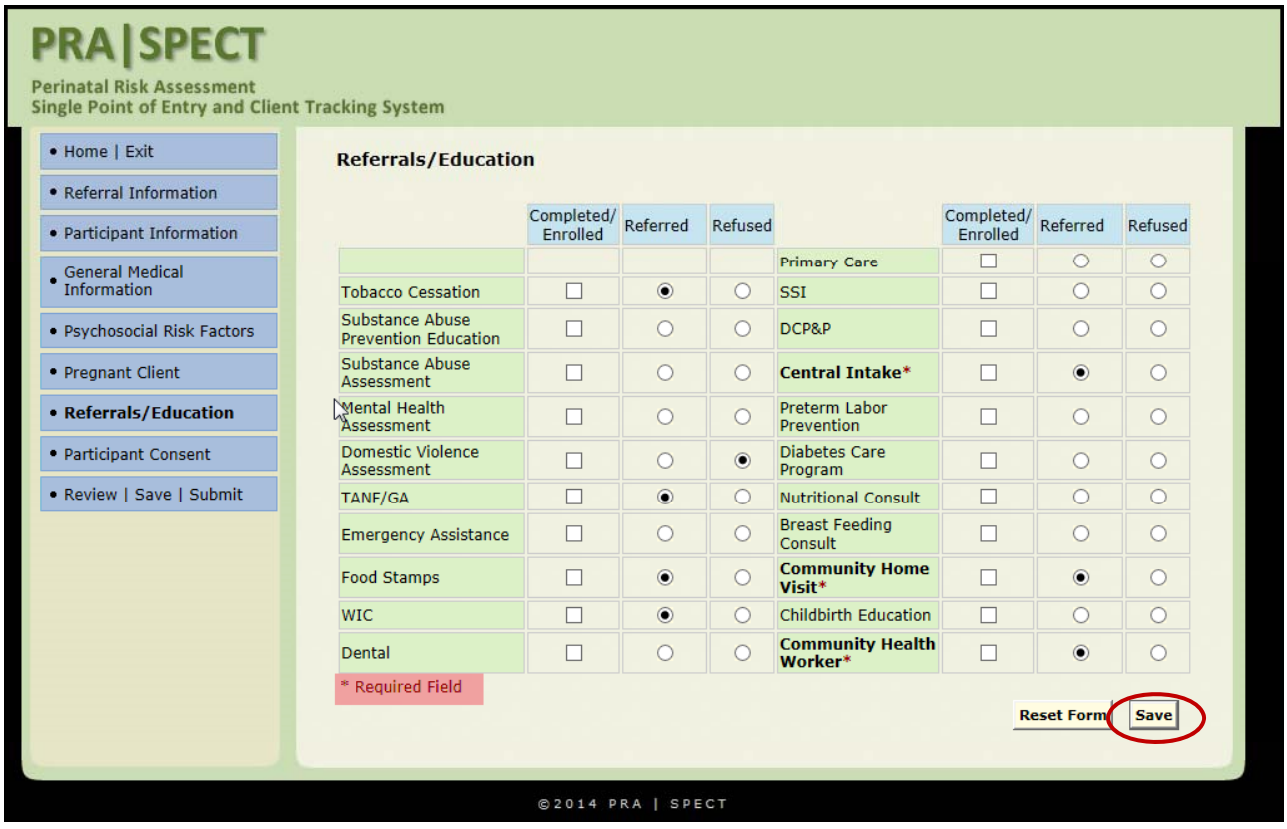
- All required information must be completed.
- The pregnant client section will not appear for Preconceptional, Interconceptional, or Male Clients.
- Click **Save** to save your entry and move to the next section.



Community Health Screen

Section 6 – Referrals/Education

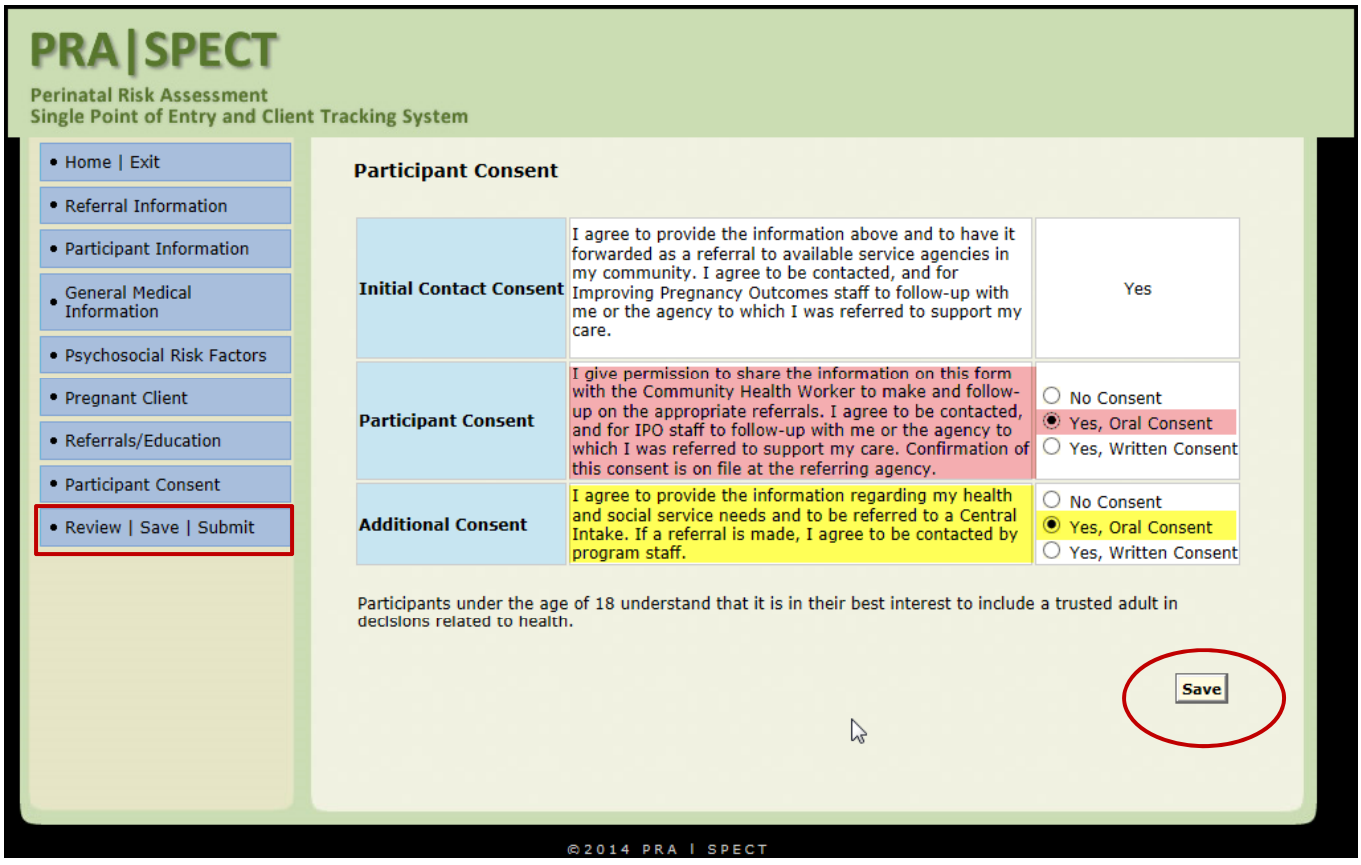
- **Completed/Enrolled –** The client has completed or is actively enrolled in this program or service (i.e.: has been receiving Food Stamps for the past year.)
- **Referred** – CHW has referred client to this service or program during **this** referral process.
  - To move client to Central Intake, "**Referred**" must be selected for CI, CHV or both.
- **Refused** – Client has refused the service or program offered by the CHW during this referral process.
- Click **Save** to save your entry and move to the next section.



Community Health Screen

Section 7 – Participant Consent

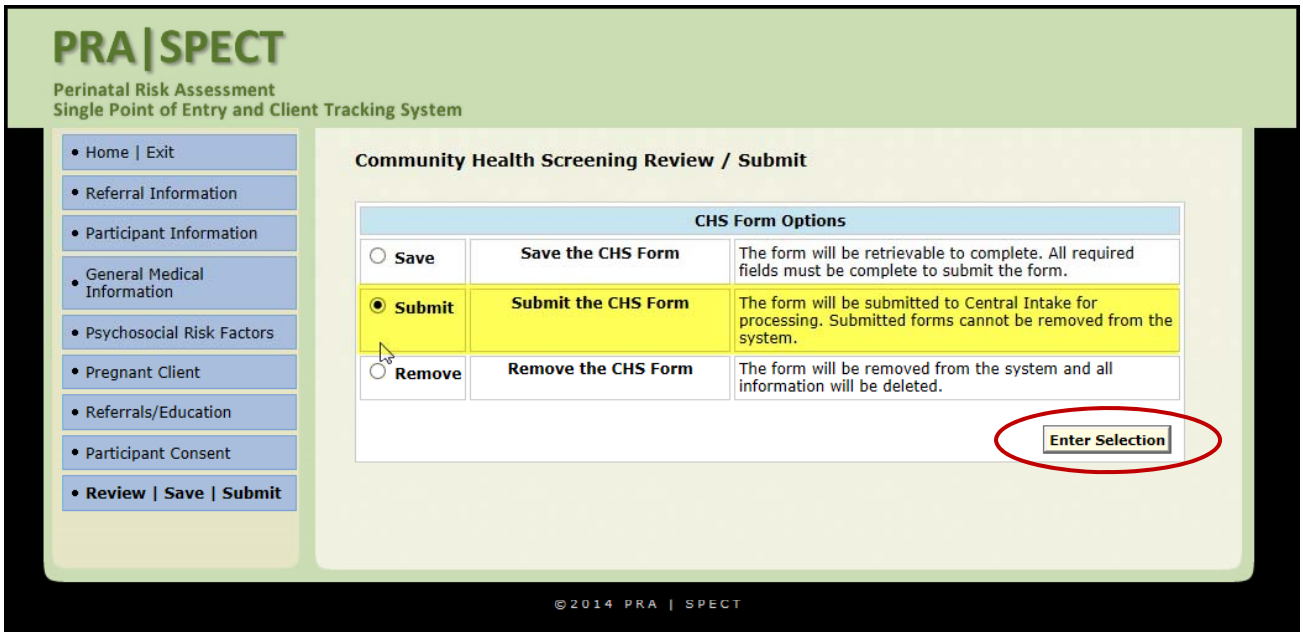
- Be sure to fully read and explain the consent to the client.
- Consent must be given orally or by signature on the paper form.
- Consent is the choice of the client only, not the CHW.
- Click **Save** to save your entry.
- **Click Review | Save | Submit to move to the next screen.**



Community Health Screen

Section 8 – Review | Save | Submit

- **Save** – Will save the form, from the last point of entry. The form can be retrieved for later completion. ***Form will not be submitted***
- **Submit –** Form will be submitted to Central Intake for further processing. Changes may not be made once the form has been submitted.
  - **Be sure to review and check your work for spelling errors and accuracy before submitting.**
  - **No corrections can be made to the record once the form has been submitted.**
- **Remove** – Form will be completely deleted from the system and cannot be retrieved and will not be submitted to Central Intake.
- Click **Enter Selection** to save your entry and submit the form.



Newly Assigned Patients List

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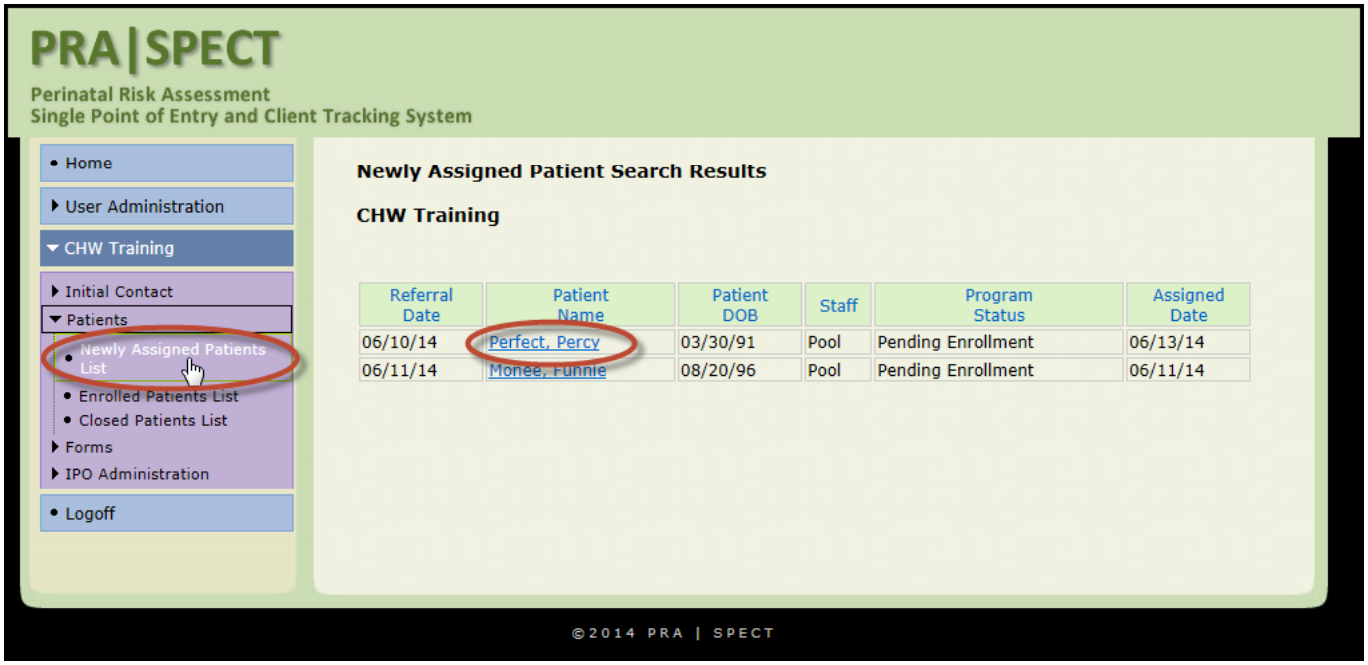
Once a client has gone through the referral process, the client will be assigned to your CHW program if:

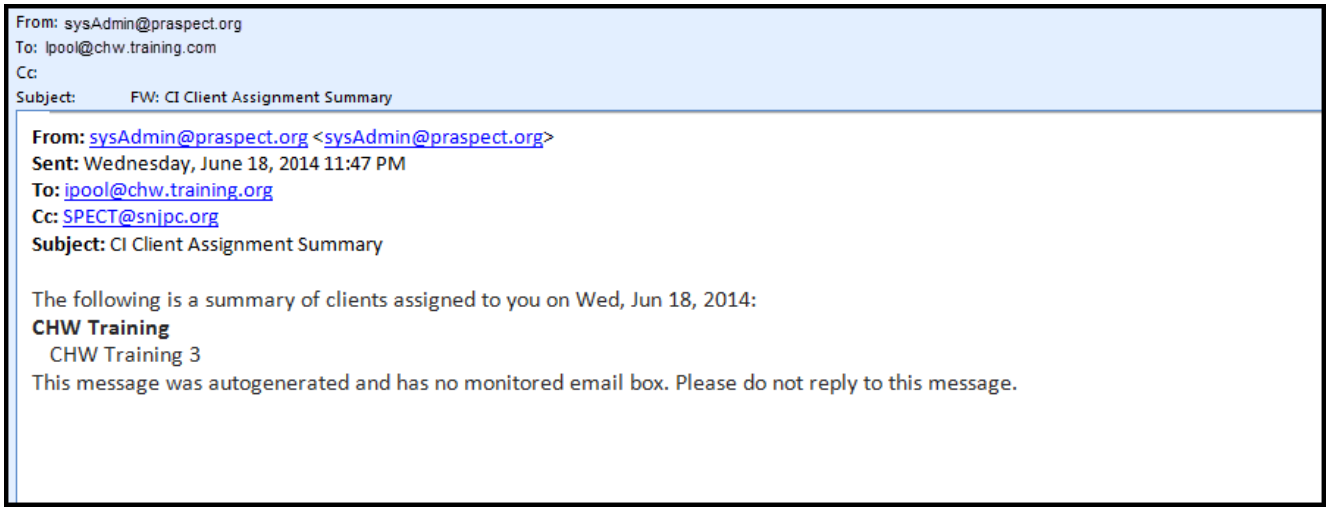
- The client has refused CI or CHV
- The client is ineligible for a Home Visiting Program
- No Home Visiting Program is available.

- CHW supervisor assigns the client to a CHW staff member.
- CHW will check the **Newly Assigned Patient List** daily for new clients.
- Click the client's name to Access the Patient Profile.
- Once the client agrees to participate in CHW program, your supervisor will need to change status to "**Enrolled**".
    - Enrolled clients assigned to you will appear in your "**Enrolled Patients List**".



Newly Assigned Patients List

IMPORTANT: SPECT must be checked for new referrals at least **daily**. For your convenience, a daily email alert is automatically generated (at midnight) to alert you when new clients are assigned to your program during the preceding 24 hours.



From: sysAdmin@praspect.org
To: lpool@chw.training.com
Cc:
Subject: FW: CI Client Assignment Summary

From: sysAdmin@praspect.org <sysAdmin@praspect.org>
Sent: Wednesday, June 18, 2014 11:47 PM
To: lpool@chw.training.org
Cc: SPECT@snjpc.org
Subject: CI Client Assignment Summary

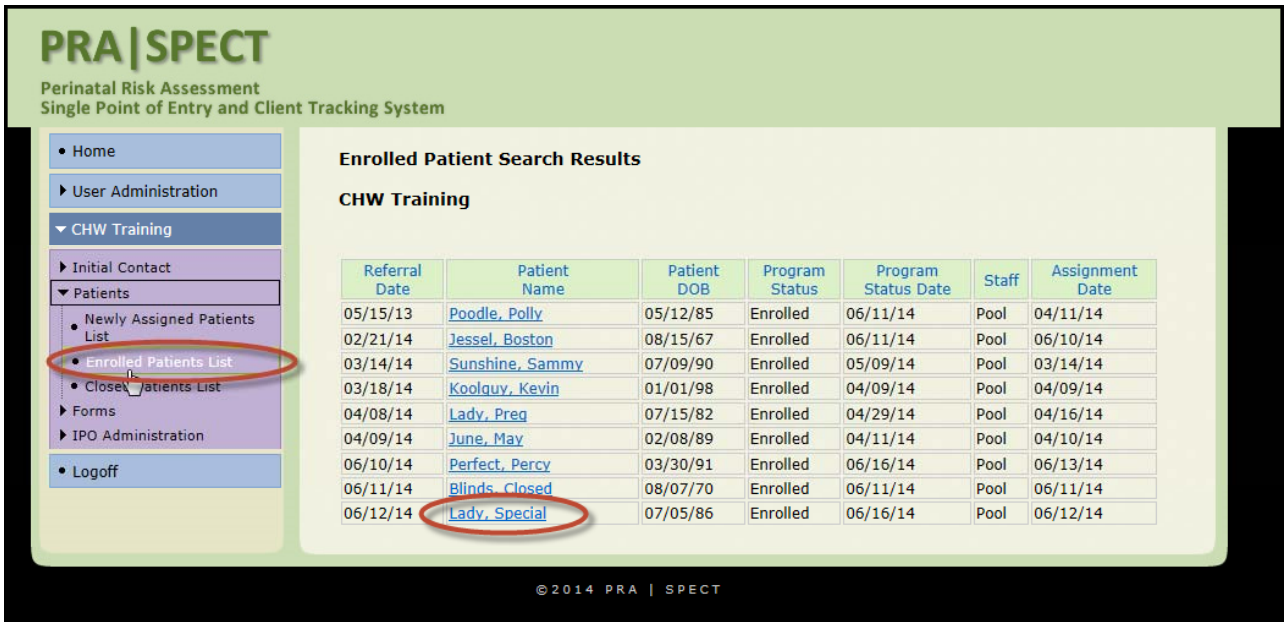
The following is a summary of clients assigned to you on Wed, Jun 18, 2014:
CHW Training
CHW Training 3
This message was autogenerated and has no monitored email box. Please do not reply to this message.

Enrolled Patients List

To access your caseload

From CHW Menu

- Click **Patients**
- Click **Enrolled Patients List**
  - Enrolled Patient List will show the CHW's clients only.
  - Click on any of the Blue Headings to sort lists.
- Click the client's name to access the Patient Profile.



Closed Patients List

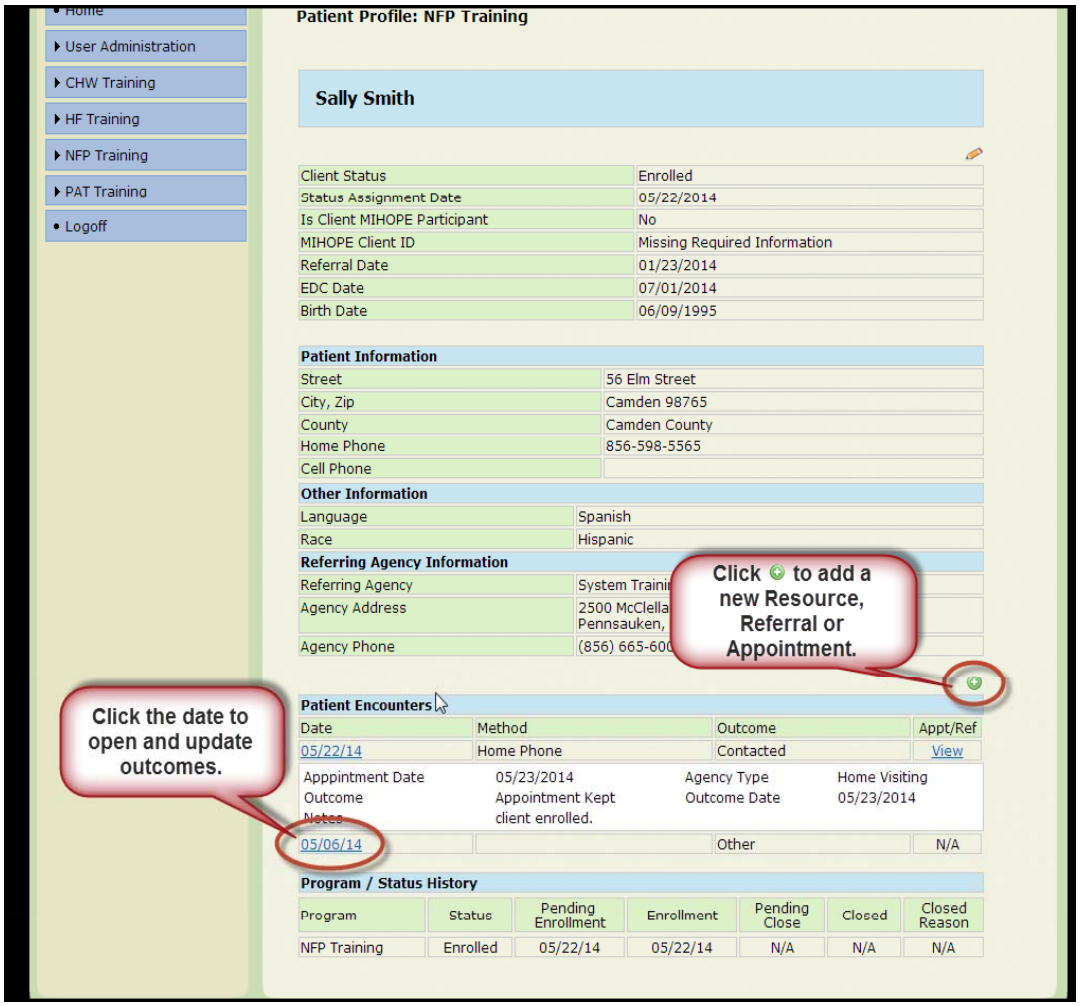
Once a client has completed services or for any of the "**Close**" reasons, your supervisor will close the patient record and it will be moved to the "**Closed Patient List**".

- CHW Supervisor must change the status from "**Pending Enrolled**" or "**Enrolled**" to "**Closed**" when the client completes services, refuses services, etc.
- Once a client is Closed – client is moved from **Pending Enrolled** (*Newly Assigned Patients List*) or **Enrolled Patients List** to **Closed Patients List.**
- Closed clients can be reopened if additional services are needed within that referral timeframe.
- New contacts can be recorded for closed clients **in Engagement/Encounters** section.
- New Referrals, Resources, or Appointments can be recorded in **Engagement/ Encounters** section.
- Status and outcome dates for existing Referrals, Resources, or Appointments can be recorded and updated.

Adding Engagements/Encounters Resources, Referrals and Appointments

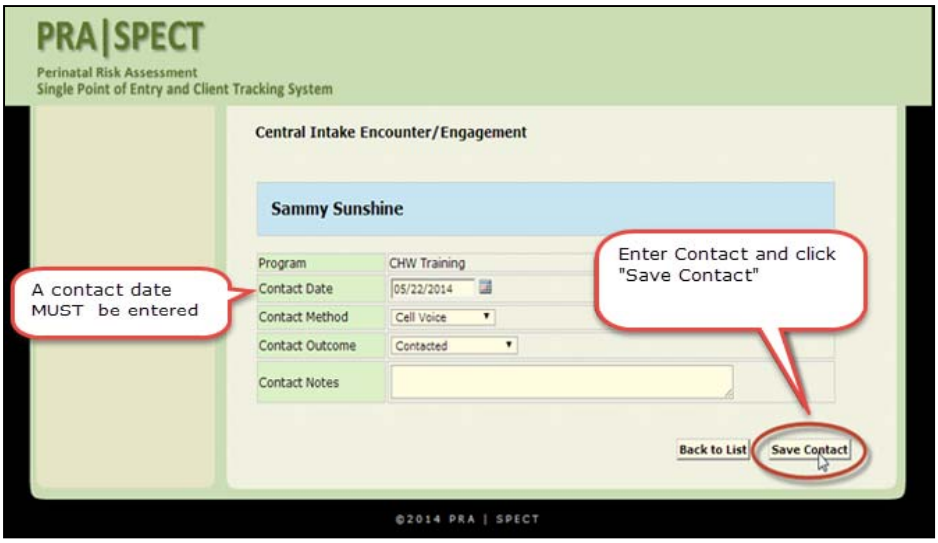
Access the Patient Profile Screen

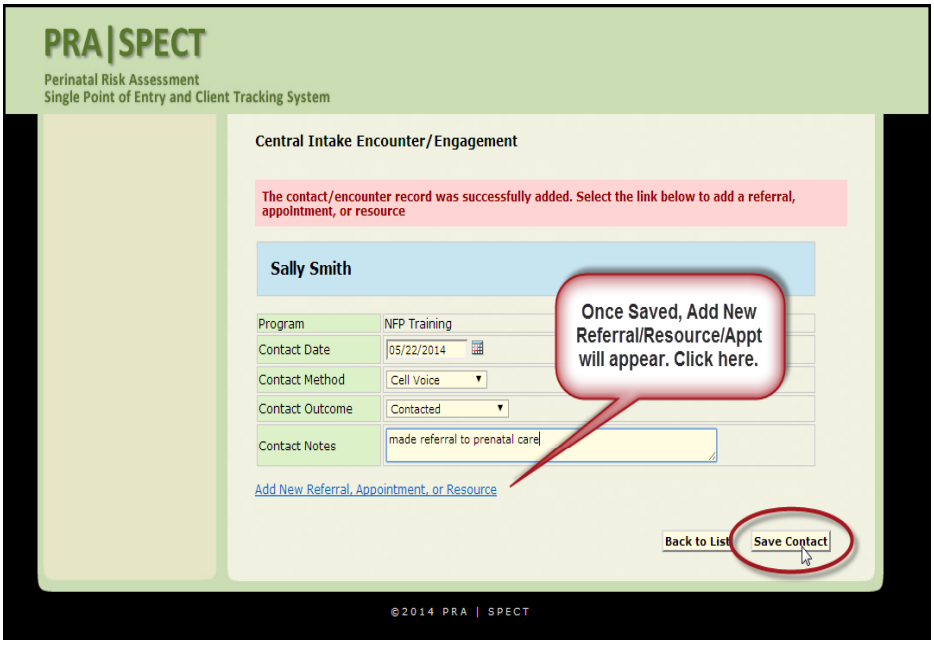
- Click the green **"plus sign"** to add a new contact, resource or referral provided, or appointment made.
- To view an existing contact, click View
- To open an existing contact, click the Date



Add Encounter/Engagement

• Encounter/Engagements (Client Contacts) must be entered and saved prior to adding any referrals, appointments, or resources.
• A contact date must be entered in order to save and later retrieve the Encounter/ Engagement record.





Resources, Appointments and Referrals

Referrals, Appointments, and Resources can be added and updated at any level of client contact or enrollment status:

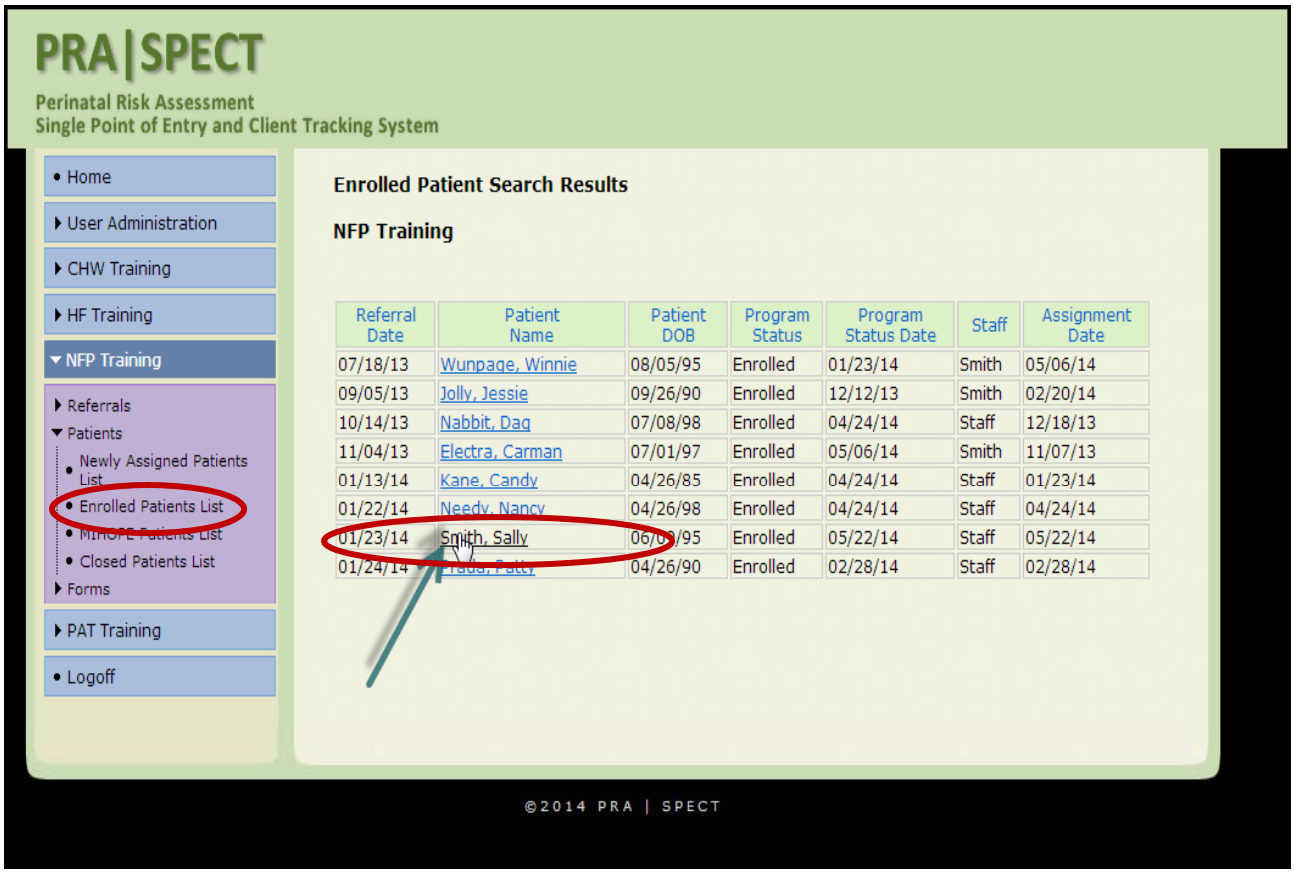
- Initial Contacts
- New Clients
- Pending Enrolled Clients
- Enrolled Clients
- Pending Closed Clients
- Closed Clients

Resource - General service and agency information that has been given or sent to the client.
Referral - Information given to client to contact or make appointments with a provider, social service agency or program.
Appointment - Specific dates and times that have been set up for a client to meet with a provider or agency.

Add New Referral, Appointment, or Resource

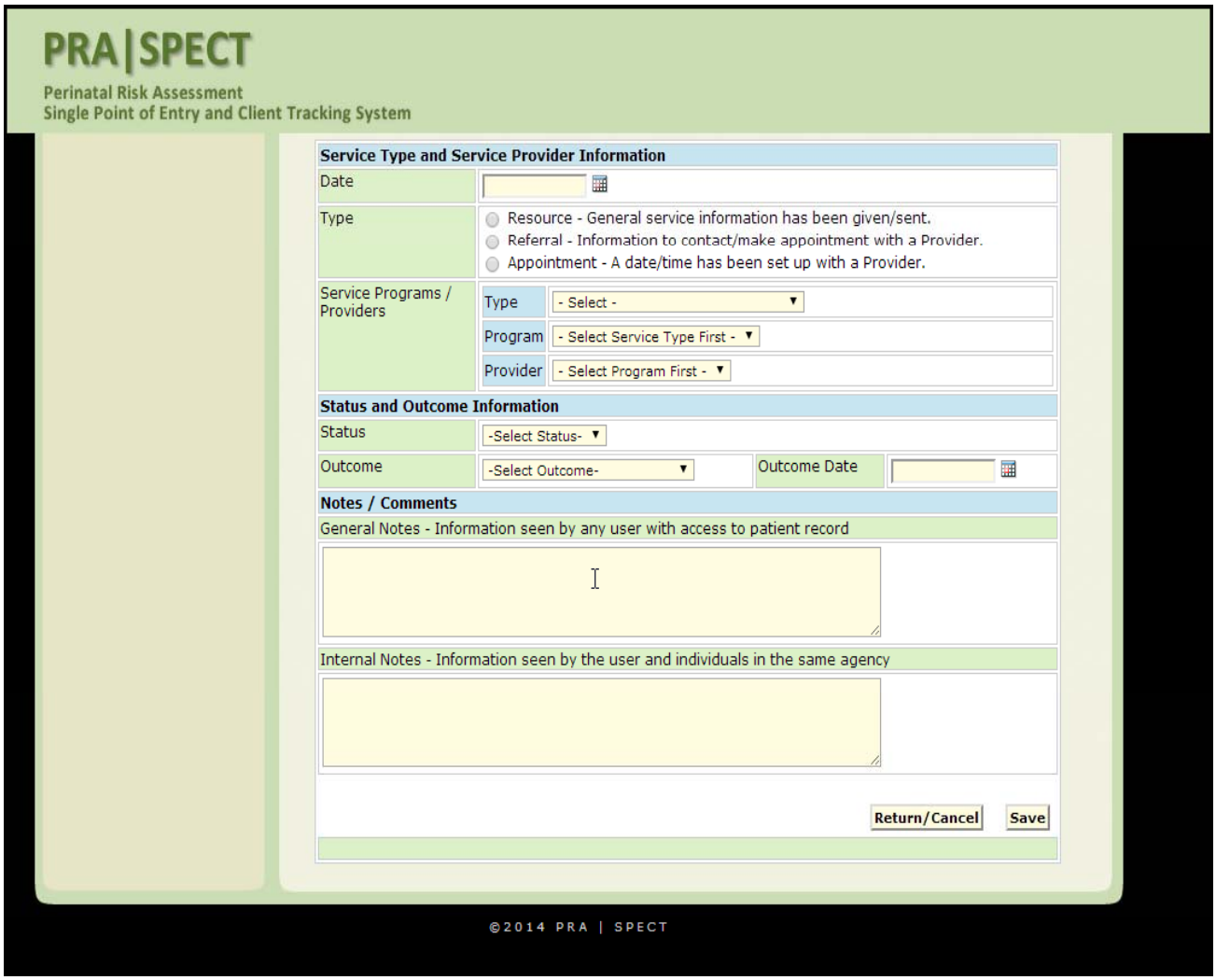
Add New Referral, Appointment, or Resource

- Search appropriate client list (**Initial contacts, New Referrals, Enrolled, etc.**)
- Search and Select **Patient Profile**
- Select the clients name from the appropriate list to open the **Patient Profile**



Service Type and Service Provider Information

- Add all Referrals, Appointments, or Resources individually – See following pages for detailed instructions
  - You must "**Save**" after each entry before adding the next record
  - There is no limit on the number of Referrals, Appointments, or Resources that can be made/entered for a client.



Service Programs/Providers - Types

- **Service Programs/Providers**
  - Community Based Agency Support
    - Basic Needs/General
    - Behavioral Health
    - Child Care
    - Community Centers
    - Domestic Violence
    - Early Head Start/Head Start
    - Early Intervention System
    - Education
    - Emergency Housing
    - Family Success Center
    - Fatherhood Services
    - Food Centers
    - Housing
    - Insurance Services
    - Job Training Program
    - Parenting Groups
    - School Based services
    - Smoking Cessation
    - Substance Abuse
    - TANF
    - Transportation
    - WIC/Nutrition

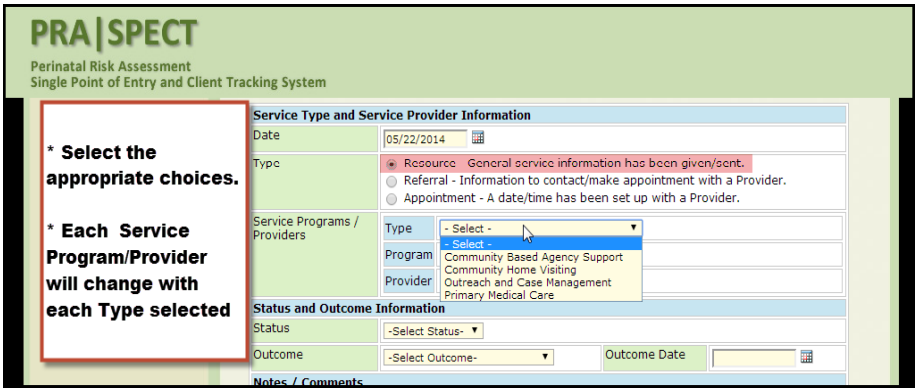
Service Programs/Providers - Types

- **Service Programs/Providers – Continued**
  - Community Home Visiting
    - Healthy Families
    - Infant and Family Development
    - Local Health Department IPO
    - Nurse Family Partnership
    - Other social service
    - Out-of-Service Area
    - Parents as Teachers
  - Outreach and Case Management
    - ACA Navigators
    - Community Health Worker
    - CP&P Child Protective Services
    - DCP&P
    - Health Related Case Management
    - IPO Outreach and Case Management
    - Special Child Health Care
  - Primary Medical Care
    - Dental Services
    - Family Health
    - Hospitals
    - Pediatric
    - Pregnancy Testing
    - Prenatal
    - Primary Medical Care - Children
    - Primary Medical Care - Mother
    - Primary Medical Care - Other
    - Women's Health

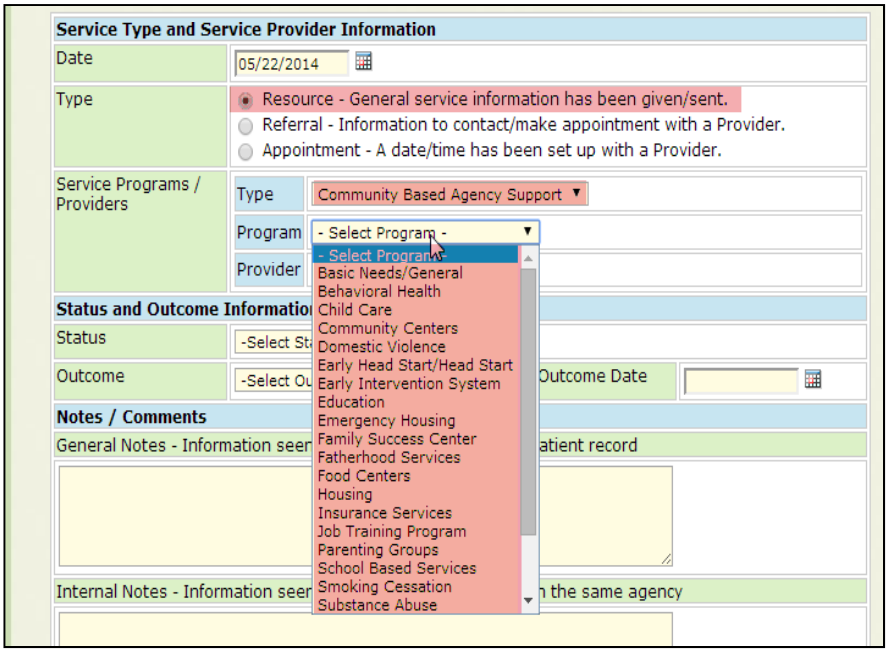
Add Resource

Adding a Resource provided to client:

- Selection options will change as you select the different types of programs



- Select Type = Resource
- Select Service Program/Provider
- Select Provider

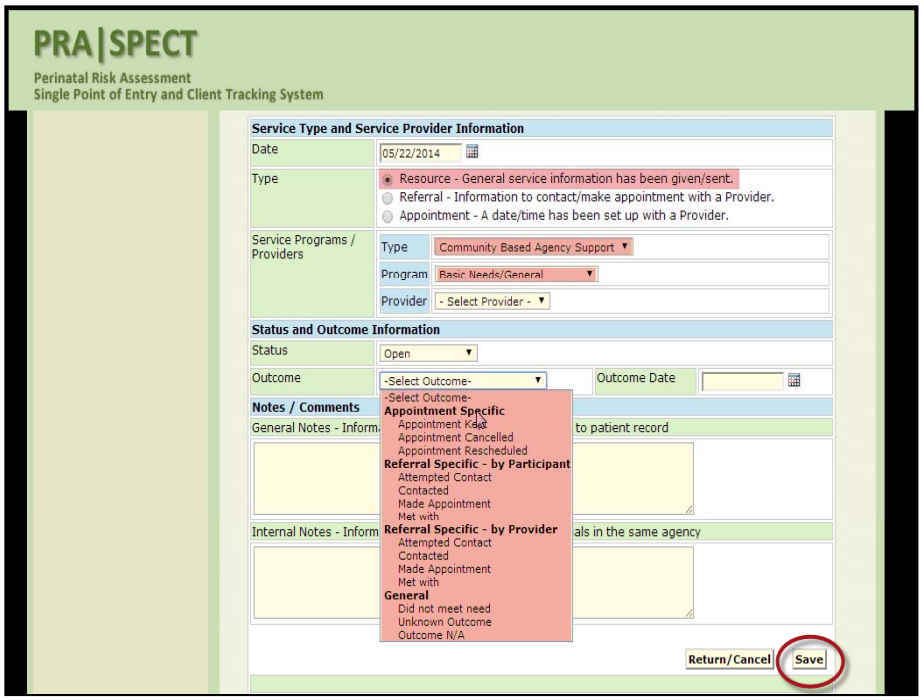


Status and Outcome Information

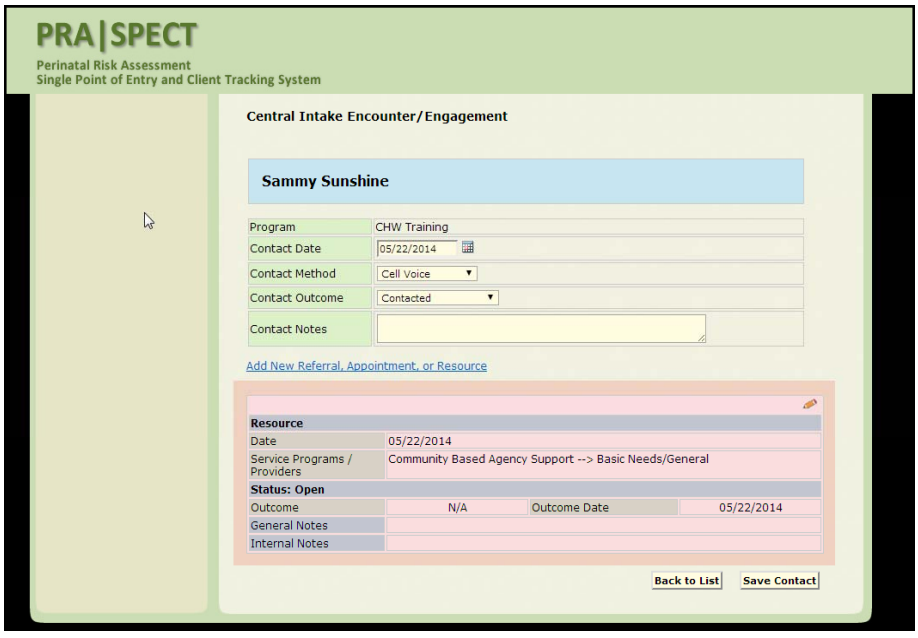
Recording and Tracking Status and Outcome Information:

- Select Status
  - Open
  - Pending
  - Closed
  - Other
- Select Outcome
  - Appointment Specific
    - Appointment Kept
    - Appointment Cancelled
    - Appointment Rescheduled
  - Referral Specific – by Participant
    - Attempted Contact
    - Contacted
    - Made Appointment
    - Met with
  - Referral Specific – by Provider
    - Attempted Contact
    - Contacted
    - Made Appointment
    - Met with
  - General
    - Did not meet need
    - Unknown Outcome
    - Outcome N/A
- Enter Outcome Date
- Add Notes/Comments
  - General Notes – Information seen by any user with access to the patient/client record.
  - Internal Notes – Information seen by the user and individuals within the same agency.

Status and Outcome Information



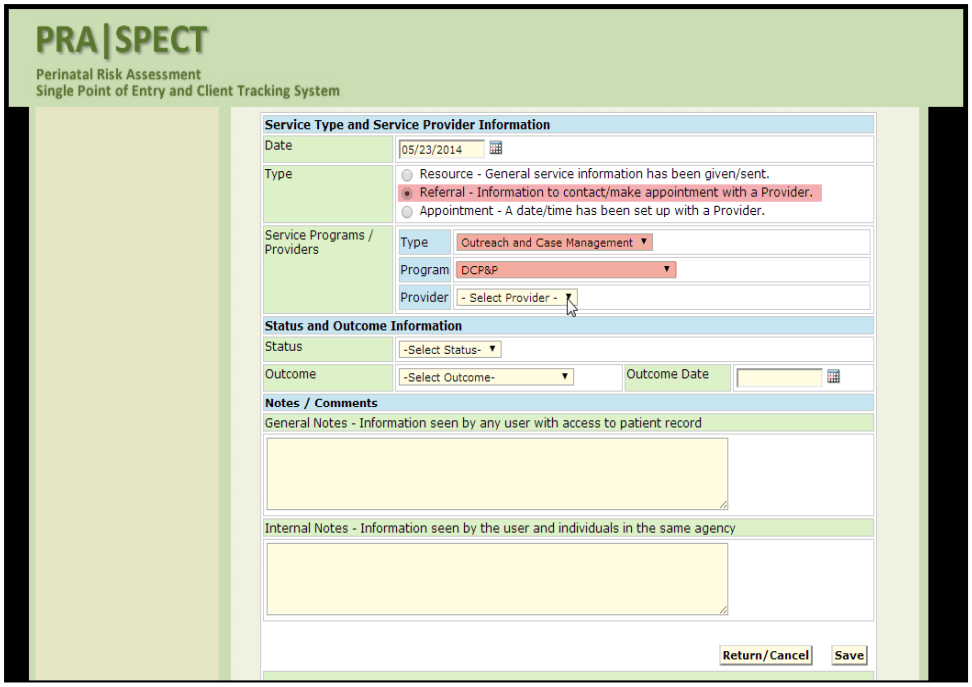
- Once saved, you will be brought back to **Encounter/Engagement**
- Additional records may be added without exiting the patient profile.



Add Referral

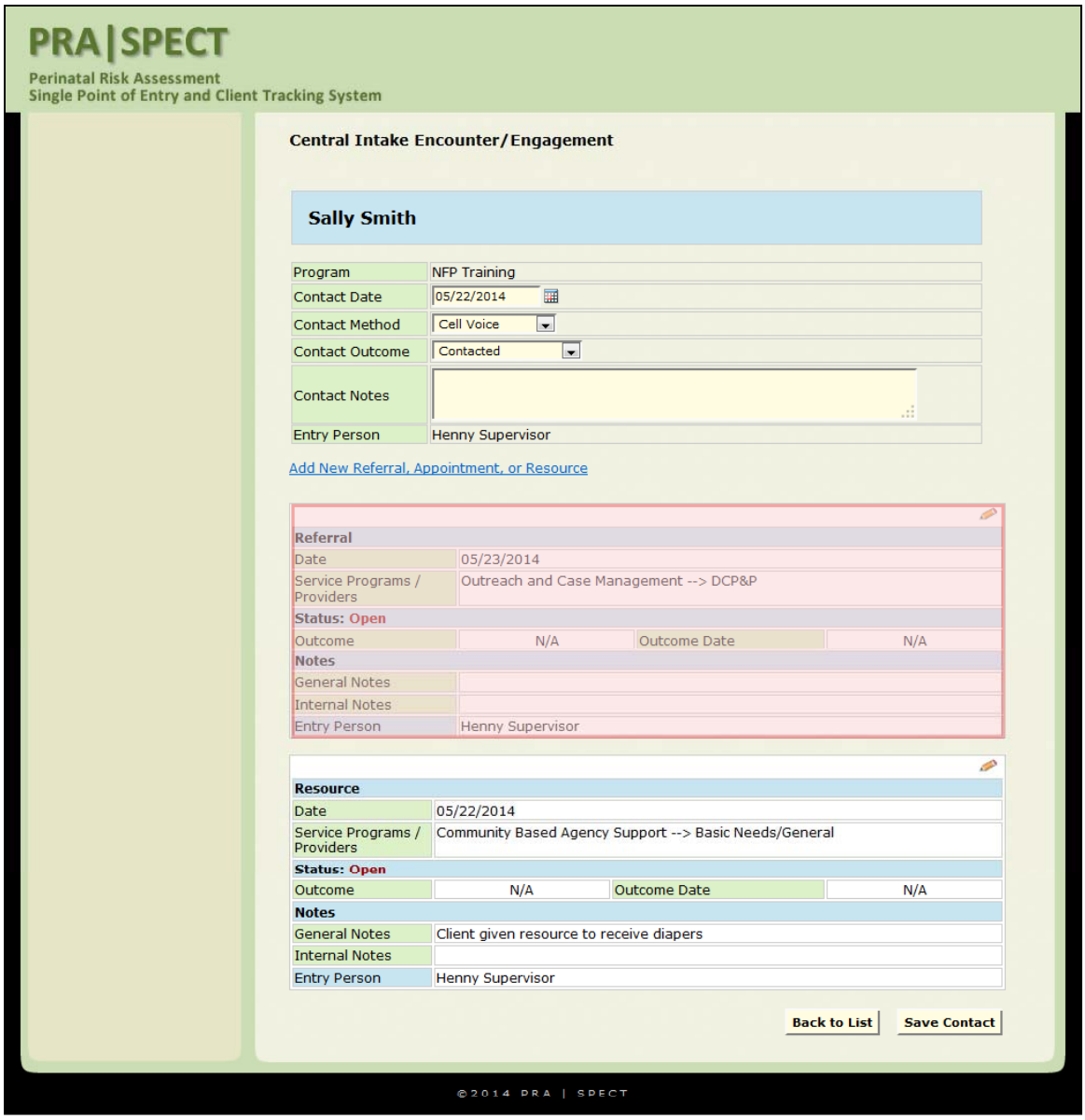
Adding a Referral provided to client

- Selection options will change as you select the different types of programs



- Select Type - Referral
- Select Service Programs/ Providers
    - Select Type
    - Select Program
    - Select Provider (if specified)
- Select Status
- Select Outcome
    - Enter Outcome Date
- Add Notes/Comments
    - General Notes
    - Internal Notes
- Remember to Click "**Save**" after entering each service.

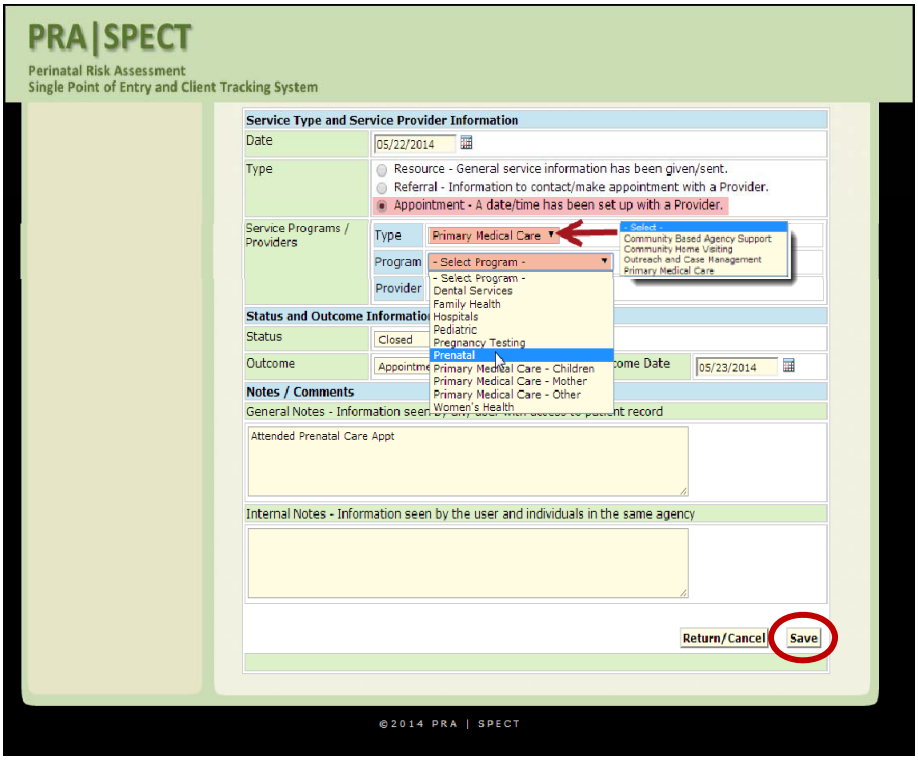
Saved Referral Screen



Add Appointment

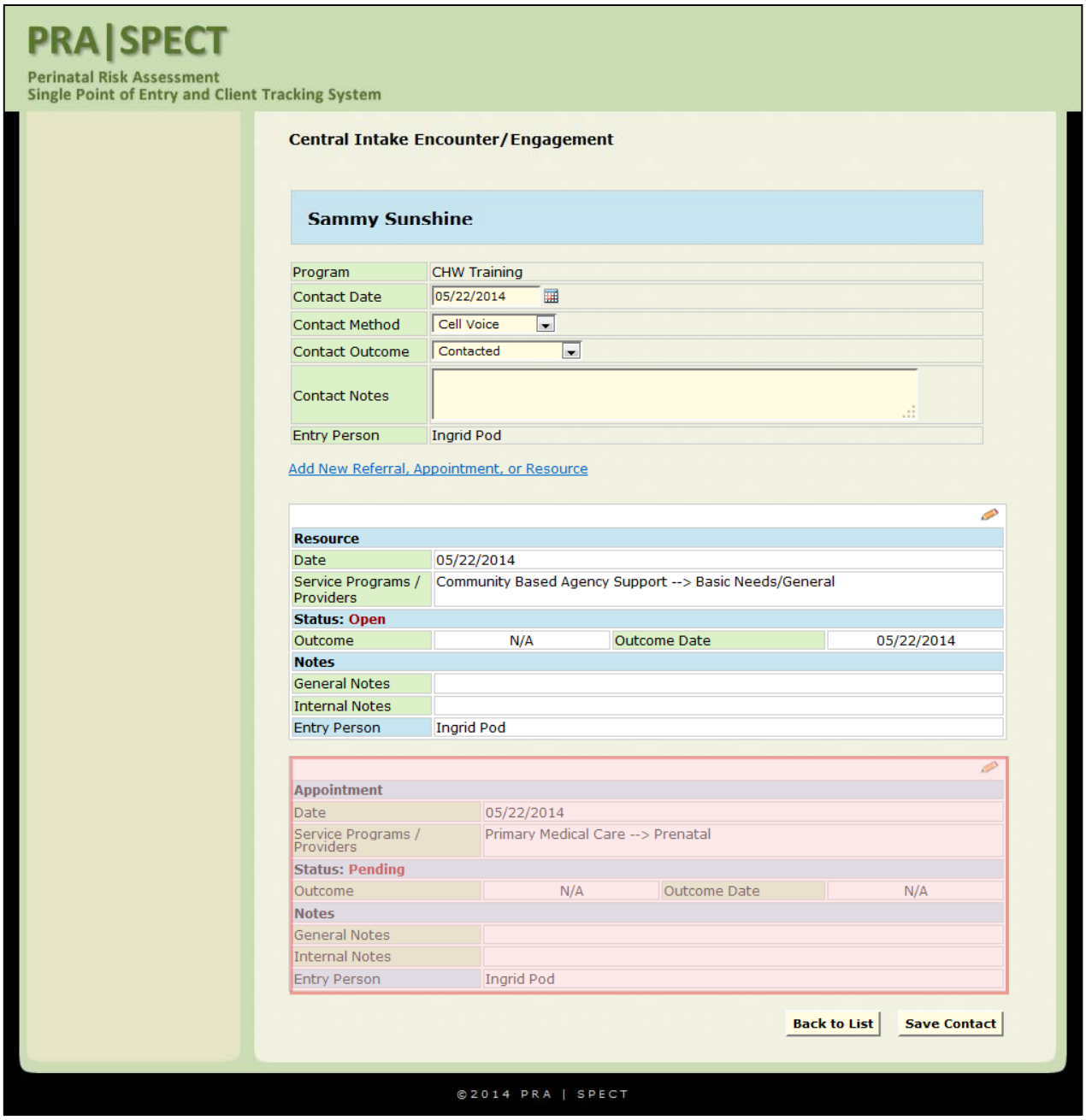
Adding an Appointment made for or with the client

- Selection options will change as you select the different types of programs



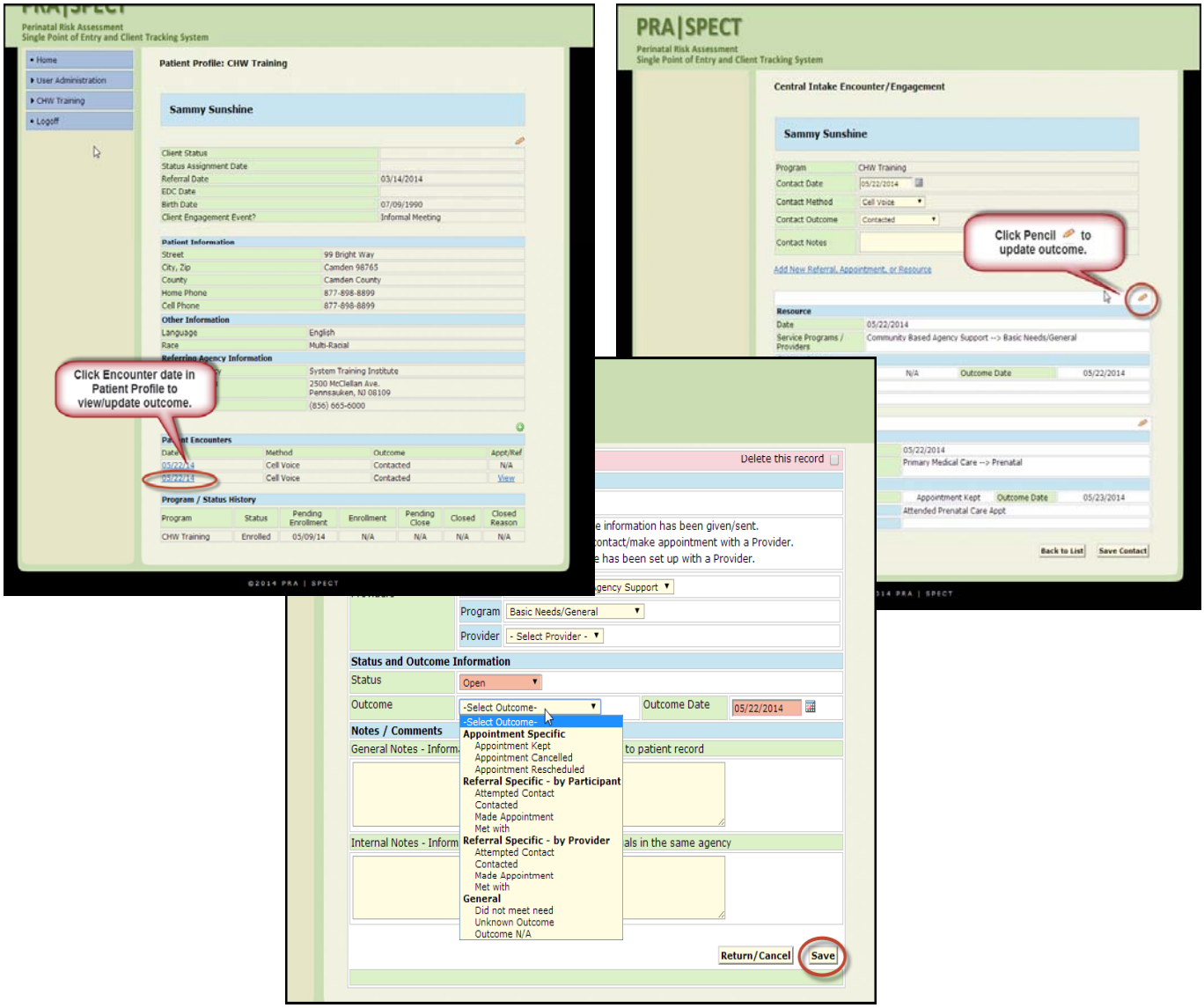
- Select Type - Appointment
- Select Service Programs/Providers
  - Select Type
  - Select Program
  - Select Provider (if specified)
- Select Status
- Select Outcome
  - Enter Outcome Date
- Add Notes/Comments
  - General Notes
  - Internal Notes
- Remember to click "**Save**" after each entering each service.

Saved Appointment Screen



Update Outcomes

- Staff members are responsible for recording, tracking and entering/updating outcomes for all referrals, resources, and appointments
- **Remember! The outcome date must always be added.**



Outcome Types

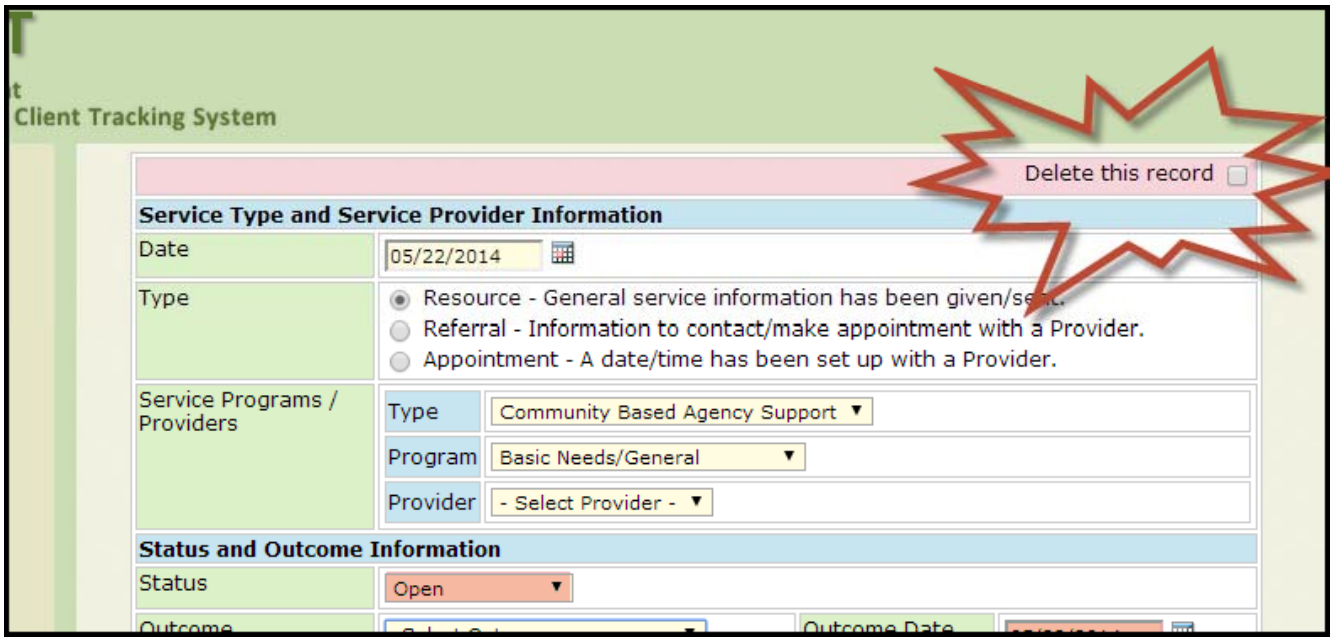
Outcome Types:

- Appointment Specific
  - Appointment Kept – Client attended scheduled appointment
  - Appointment Cancelled – Client cancelled appointment without rescheduling
  - Appointment Rescheduled – Appointment cancelled and rescheduled for another time/date
- Referral Specific – by Participant
  - Attempted Contact
  - Contacted
  - Made Appointment
- Referral Specific – by Provider
  - Attempted Contact
  - Contacted
  - Made Appointment
  - Met with
- General
  - Did not meet need
  - Unknown Outcome
  - Outcome N/A

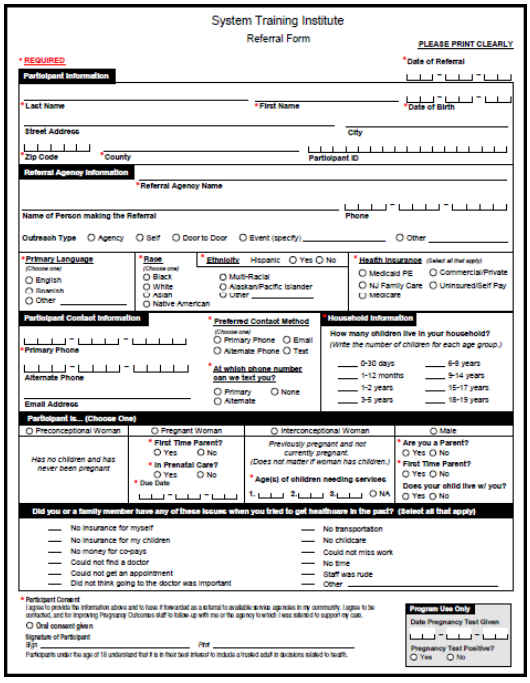
Deleting Incorrect Resources, Referrals, and Appointments

Deleting a saved record of a Resource, Referral or Appointment

- Records should **ONLY** be deleted if the incorrect Referral, Appointment, or Resource was entered.
- If a client has declined the service, update the outcome rather than deleting the record.
- To delete a record, click "**Delete this record**" and "**Save**"
- A deleted record is removed from the system and cannot be retrieved.



Forms



System Training Institute

Referral Form

PLEASE PRINT CLEARLY

* REQUIRED

*Date of Referral

Participant Information

*Last Name *First Name *Date of Birth

Street Address City

*Zip Code *County Participant ID

Referral Agency Information

*Referral Agency Name

Name of Person making the Referral Phone

Outreach Type ○ Agency ○ Self ○ Door to Door ○ Event (specify) ○ Other

*Primary Language (Choose one) ○ English ○ Spanish ○ Other

*Race (Choose one) ○ Black ○ White ○ Asian ○ Native American ○ Multi-Racial ○ Alaskan/Pacific Islander ○ Other

*Ethnicity Hispanic ○ Yes ○ No

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

Participant Contact Information

*Primary Phone

Alternate Phone

Email Address

*Preferred Contact Method (Choose one) ○ Primary Phone ○ Email ○ Alternate Phone ○ Text

*At which phone number can we text you? ○ Primary ○ Alternate ○ None

Household Information

How many children live in your household? (Write the number of children for each age group.)

___ 0-30 days ___ 1-12 months ___ 1-2 years ___ 3-5 years ___ 6-8 years ___ 9-14 years ___ 15-17 years ___ 18-19 years

Participant is... (Choose One)

○ Preconceptional Woman — Has no children and has never been pregnant

○ Pregnant Woman — *First Time Parent? ○ Yes ○ No; *In Prenatal Care? ○ Yes ○ No; *Due Date

○ Interconceptional Woman — Previously pregnant and not currently pregnant. (Does not matter if woman has children.); *Age(s) of children needing services 1.___ 2.___ 3.___ ○ NA

○ Male — *Are you a Parent? ○ Yes ○ No; *First Time Parent? ○ Yes ○ No; Does your child live w/ you? ○ Yes ○ No

Did you or a family member have any of these issues when you tried to get healthcare in the past? (Select all that apply)

___ No insurance for myself
___ No insurance for my children
___ No money for co-pays
___ Could not find a doctor
___ Could not get an appointment
___ Did not think going to the doctor was important
___ No transportation
___ No childcare
___ Could not miss work
___ No time
___ Staff was rude
___ Other

*Participant Consent

I agree to provide the information above and to have it forwarded as a referral to available service agencies in my community. I agree to be contacted, and for Improving Pregnancy Outcomes staff to follow-up with me or the agency to which I was referred to support my care.

○ Oral consent given

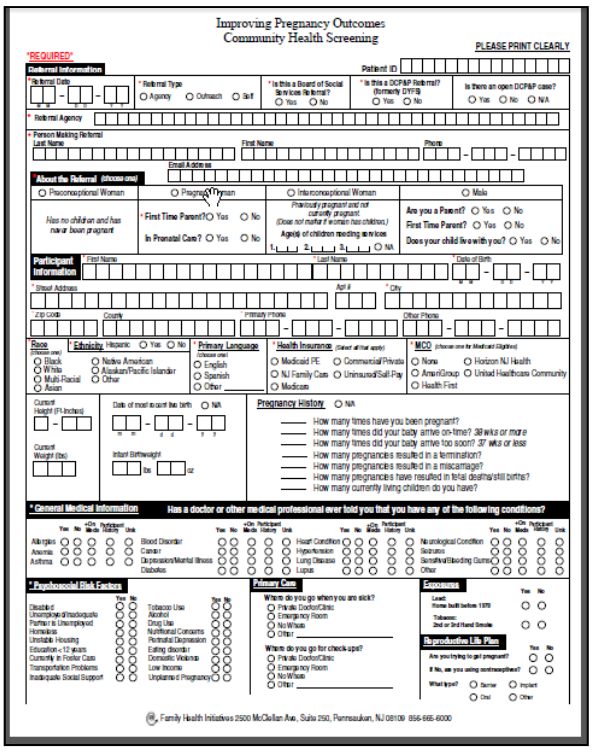
Signature of Participant Print

Participants under the age of 18 understand that it is in their best interest to include a trusted adult in decisions related to health.

Program Use Only

Date Pregnancy Test Given

Pregnancy Test Positive? ○ Yes ○ No



Improving Pregnancy Outcomes

Community Health Screening

PLEASE PRINT CLEARLY

REQUIRED

Patient ID

Referral Information

*Referral Date *Referral Type ○ Agency ○ Outreach ○ Self *Is this a Board of Social Services Referral? ○ Yes ○ No *Is this a DCP&P Referral? (formerly DYFS) ○ Yes ○ No Is there an open DCP&P case? ○ Yes ○ No ○ N/A

*Referral Agency

*Person Making Referral Last Name First Name Phone

Email Address

About the Referral (choose one)

○ Preconceptional Woman — Has no children and has never been pregnant

○ Pregnant Woman — *First Time Parent? ○ Yes ○ No; In Prenatal Care? ○ Yes ○ No

○ Interconceptional Woman — Previously pregnant and not currently pregnant. (Does not matter if woman has children.); Age(s) of children needing services 1.___ 2.___ 3.___ ○ NA

○ Male — Are you a Parent? ○ Yes ○ No; First Time Parent? ○ Yes ○ No; Does your child live with you? ○ Yes ○ No

Participant Information

*First Name *Last Name *Date of Birth

*Street Address Apt # *City

Zip Code County Primary Phone Other Phone

*Race (Choose one) ○ Black ○ White ○ Multi-Racial ○ Asian ○ Native American ○ Alaskan/Pacific Islander ○ Other

*Ethnicity Hispanic ○ Yes ○ No

*Primary Language (Choose one) ○ English ○ Spanish ○ Other

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

*MCO (Choose one for Medicaid Eligible) ○ None ○ Horizon NJ Health ○ AmeriGroup ○ United Healthcare Community ○ Health First

Current Height (Ft-Inches) Current Weight (lbs)

Date of most recent live birth ○ NA Infant Birthweight lbs oz

Pregnancy History ○ NA

___ How many times have you been pregnant?
___ How many times did your baby arrive on-time? *38 wks or more*
___ How many times did your baby arrive too soon? *37 wks or less*
___ How many pregnancies resulted in a termination?
___ How many pregnancies resulted in a miscarriage?
___ How many pregnancies have resulted in fetal deaths/still births?
___ How many currently living children do you have?

General Medical Information — Has a doctor or other medical professional ever told you that you have any of the following conditions?

Allergies, Anemia, Asthma, Blood Disorder, Cancer, Depression/Mental Illness, Diabetes, Heart Condition, Hypertension, Lung Disease, Lupus, Neurological Condition, Seizures, Sexually Transmitted Diseases, Other

Psychosocial Risk Factors

Disabled, Unemployed/Inadequate, Partner is Unemployed, Homeless, Unstable Housing, Education < 12 years, Currently in Foster Care, Transportation Problems, Inadequate Social Support, Tobacco Use, Alcohol, Drug Use, Nutritional Concerns, Perinatal Depression, Eating disorder, Domestic Violence, Low Income, Unplanned Pregnancy

Primary Care

Where do you go when you are sick? ○ Private Doctor/Clinic ○ Emergency Room ○ No Where ○ Other

Where do you go for check-ups? ○ Private Doctor/Clinic ○ Emergency Room ○ No Where ○ Other

Exposure

Lead: Home built before 1978

Tobacco: 2nd or 3rd Hand Smoke

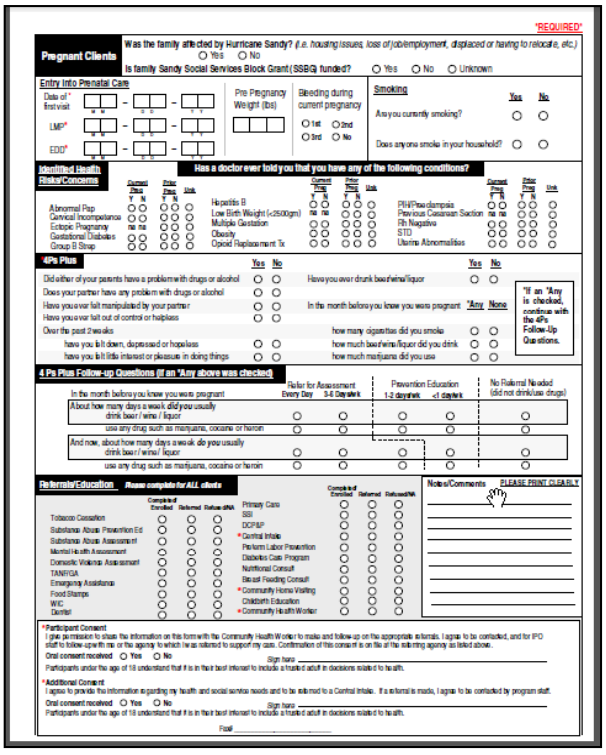
Reproductive Life Plan

Are you trying to get pregnant?

If No, are you using contraception?

What type? ○ Barrier ○ Implant ○ Oral ○ Other

Family Health Initiatives 2500 McClellan Ave, Suite 250, Pennsauken, NJ 08109 856-665-6000



REQUIRED

Pregnant Clients

Was the family affected by Hurricane Sandy? *(i.e. housing issues, loss of job/employment, displaced or having to relocate, etc.)* ○ Yes ○ No

Is family Sandy Social Services Block Grant (SSBG) funded? ○ Yes ○ No ○ Unknown

Entry Into Prenatal Care

Date of 1st visit LMP* EDD*

Pre Pregnancy Weight (lbs)

Bleeding during current pregnancy ○ 1st ○ 2nd ○ 3rd ○ No

Smoking Yes No

Are you currently smoking?

Does anyone smoke in your household?

Medical Health Risks/Concerns — Has a doctor ever told you that you have any of the following conditions?

Current Preg Y N; Prior Preg Y N; Unk

Abnormal Pap, Cervical Incompetence, Ectopic Pregnancy, Gestational Diabetes, Group B Strep, Hepatitis B, Low Birth Weight (<2500gm), Multiple Gestation, Obesity, Opioid Replacement Tx, PIH/Preeclampsia, Previous Cesarean Section, Rh Negative, STD, Uterine Abnormalities

4Ps Plus

Yes No

Did either of your parents have a problem with drugs or alcohol

Does your partner have any problem with drugs or alcohol

Have you ever felt manipulated by your partner

Have you ever felt out of control or helpless

Over the past 2 weeks: have you felt down, depressed or hopeless; have you felt little interest or pleasure in doing things

Have you ever drunk beer/wine/liquor

In the month before you knew you were pregnant: how many cigarettes did you smoke; how much beer/wine/liquor did you drink; how much marijuana did you use

Yes No

"If an 'Any' is checked, continue with the 4Ps Follow-Up Questions."

4 Ps Plus Follow-up Questions (if an 'Any above was checked

	Refer for Assessment Every Day	Refer for Assessment 3-6 Days/wk	Prevention Education 1-2 days/wk	Prevention Education <1 day/wk	No Referral Needed (did not drink/use drugs)
About how many days a week *did you* usually drink beer / wine / liquor	○	○	○	○	○
use any drug such as marijuana, cocaine or heroin	○	○	○	○	○
And now, about how many days a week *do you* usually drink beer / wine / liquor	○	○	○	○	○
use any drug such as marijuana, cocaine or heroin	○	○	○	○	○

Referrals/Education Please complete for ALL clients

Completed Enrolled; Referred; Refuse/NA

Tobacco Cessation, Substance Abuse Prevention Ed, Substance Abuse Assessment, Mental Health Assessment, Domestic Violence Assessment, TANF/GA, Emergency Assistance, Food Stamps, WIC, Dentist, Primary Care, SBI, DCP&P, *Central Intake, Preterm Labor Prevention, Diabetes Case Program, Nutritional Consult, Breast Feeding Consult, *Community Home Visiting, Childbirth Education, *Community Health Worker

Completed Enrolled; Referred; Refused/NA

Notes/Comments PLEASE PRINT CLEARLY

*Participant Consent

I give permission to share the information on this form with the Community Health Worker to make and follow-up on the appropriate referrals. I agree to be contacted, and for IPO staff to follow-up with me or the agency to which I was referred to support my care. Confirmation of this consent is on file at the referring agency as listed above.

Oral consent received ○ Yes ○ No Sign here

Participants under the age of 18 understand that it is in their best interest to include a trusted adult in decisions related to health.

*Additional Consent

I agree to provide the information regarding my health and social service needs and to be entered to a Central Intake. If a referral is made, I agree to be contacted by program staff.

Oral consent received ○ Yes ○ No Sign here

Participants under the age of 18 understand that it is in their best interest to include a trusted adult in decisions related to health.

Print

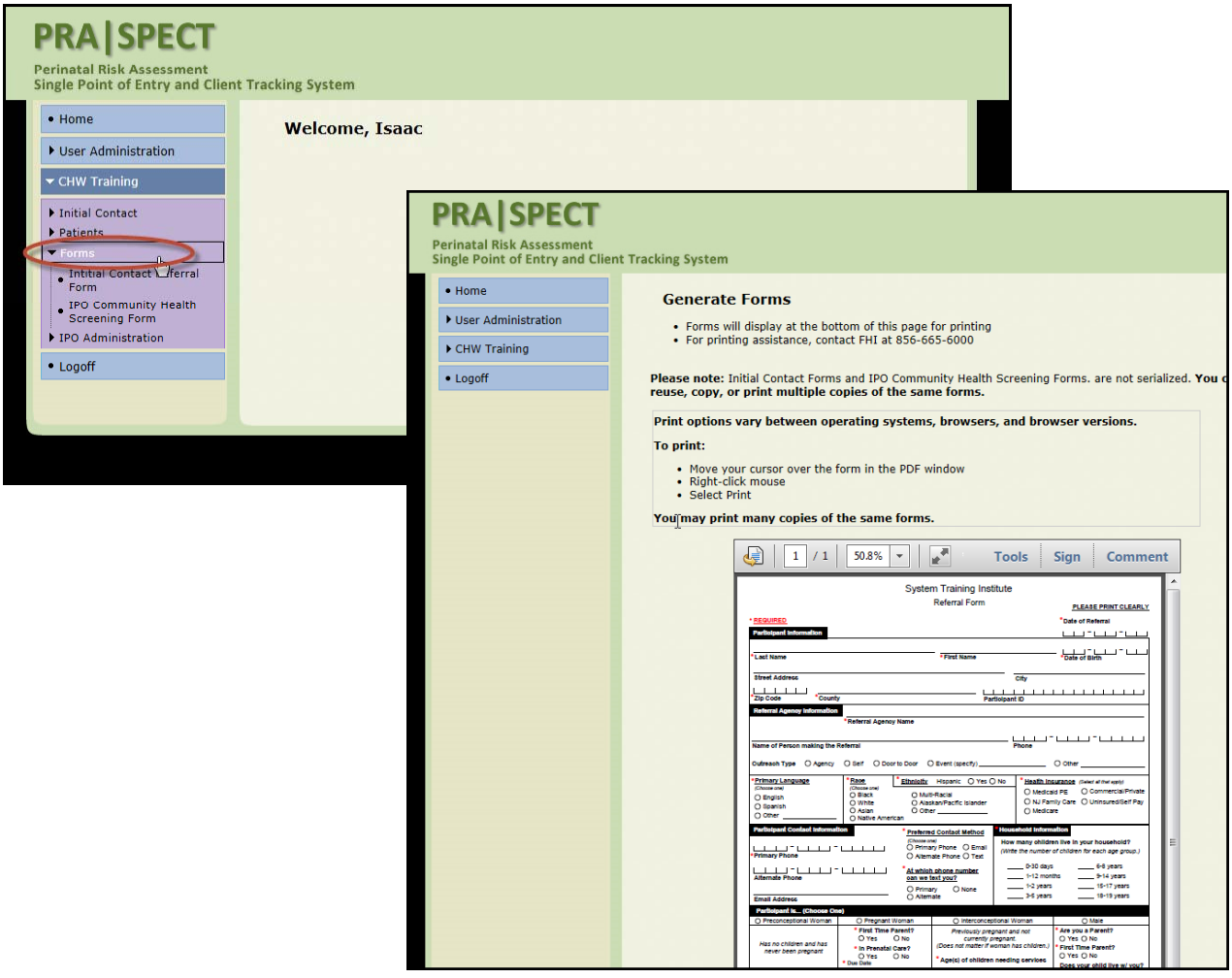
Printing Forms

To print paper copies of the **Initial Contact Referral Form** and the **Community Health Screening Form**

From CHW Menu

- Click Forms
- Click **Initial Contact Referral Form**
- OR **IPO Community Health Screening Form**
- Move your cursor over the form in the PDF window
- Right-click the mouse
- Click Print

- Blank referral forms may be photocopied.



Notes

WWW.PRASPECT.ORG

Family Health Initiatives
2500 McClellan Ave, Suite 270
Pennsauken, NJ 08109
856.665.6000