



16152

STATE OF NEW JERSEY
PERINATAL RISK ASSESSMENT
First Visit Form

ALL FIELDS REQUIRED

PLEASE PRINT CLEARLY

Date Form Completed

M	M	-	D	D	-	Y	Y
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SSN

				-					
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Insurance ID/Medicaid #

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Insurance Effective Date

M	M	-	D	D	-	Y	Y
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Provider Information

Chart #

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Planned Delivery

Site Code

--	--	--	--

Patient Information

Last Name

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First Name

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Date of Birth

M	M	-	D	D	-	Y	Y
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Street Address

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City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip Code

--	--	--	--	--	--

County

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Primary Phone

				-													
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Preferred Contact ☐ Text ☐ Call

Emergency Contact Name

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Emergency Contact Phone

				-													
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Name of Father of the Baby

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Father of Baby Involved

Married ☐ Yes ☐ No

Race

(Choose one)

- ☐ Black
☐ White
☐ Asian
☐ Native American
☐ Multi-Racial
☐ Alaskan/Pacific Islander
☐ Other

Ethnicity

Hispanic ☐ Yes

Primary Language

(Choose one)

- ☐ English
☐ Spanish
☐ Other (specify) _____

Health Insurance

(Select all that apply)

- ☐ Medicare
☐ Medicaid PE
☐ Medicaid FFS
☐ Medicaid MCO
☐ NJ Family Care
☐ Commercial/Private
☐ Uninsured/Self Pay

Medicaid MCO

(Choose one)

- ☐ Aetna Better Health
☐ Amerigroup
☐ Horizon NJ Health
☐ UnitedHealthcare Community
☐ WellCare
☐ None

Entry Into Prenatal Care

1st Visit	M	M	-	D	D	-	Y	Y
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1st Visit Under MCO	M	M	-	D	D	-	Y	Y
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LMP	M	M	-	D	D	-	Y	Y
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EDD	M	M	-	D	D	-	Y	Y
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Perinatal History

First pregnancy? ☐ Yes ☐ No If Yes, skip to Physical Assessment

Date of last live birth

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Date of last other pregnancy outcome

				-													
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Pregnancies Including Current

Previous Live Births

Live Births Now Living

Term Births ≥ 37 wks# Preterm Births < 37 wks

Previous Cesarean Sections

Miscarriages < 20 wks# Fetal Deaths ≥ 20 wks

Induced Terminations

Ectopic or Molar Pregnancies

Physical Assessment

Blood Pressure

			/				
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Pre Pregnancy

Weight (lbs)

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Current

Weight (lbs)

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Height (ft-inches)

		-		
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Bleeding During Current Pregnancy

- ☐ 1st Trimester ☐ 3rd Trimester
☐ 2nd Trimester ☐ None

Infertility Treatment

If No Skip to Pregnancy Risk

- ☐ No ☐ Fertility enhancing drugs, artificial insemination or intrauterine insemination ☐ Assisted reproductive technology (IVF, GIFT, ZIFT)

[] Taken by Mother [] Taken by Father [] Insemination

Pregnancy Risk Factors

	Current Pregnancy			Prior Pregnancy			Current Pregnancy			Prior Pregnancy			Current Pregnancy			Prior Pregnancy	
	Y	N	Unk	Y	N		Y	N	Unk	Y	N		Y	N	Unk	Y	N
Low Birth Weight (≤ 2500 gm)	na	na	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fetal Reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Group B Strep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of PROM	na	na	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Macrosomia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urinary Tract Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na
Hyperemesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	IUGR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Oligo/Polyhydramnios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gestational Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abnormal Amniocentesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insulin Dependent	<input type="radio"/>	<input type="radio"/>	na	<input type="radio"/>	<input type="radio"/>	Abnormal AFP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PIH/Preeclampsia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Maternal Fetal Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Illicit Drug Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eclampsia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdominal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Opiate Dependence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placenta Previa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fetal Genetic/Structural Abnorm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Opioid Replacement Tx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical Incompetence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rh Negative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Cats or Birds in Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na
Multiple Gestation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Pyelonephritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

PRA ID

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[illegible]

Current Medical Conditions/Risks

Psychosocial Risk Factors

Reason for Late Entry to Prenatal Care

Smoking/Tobacco Use

4Ps Plus

4Ps Plus Follow-up Questions (if *Any above was checked)

Referrals/Education

PRA ID: [REDACTED]

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