

**Contact the Regional Maternal and Child Health Consortia and the NJ Prevention Network for behavioral health referral assistance:**

Northern New Jersey MCH Consortium: (201) 843-7400  
 Hudson Perinatal Consortium: (201) 876-8900  
 Gateway/Northwest MCH Consortium: (973) 268-2280  
 Central New Jersey MCH Consortium: (732) 937-5437  
 Regional Perinatal Consortium of Monmouth and Ocean Counties: (732) 363-5400  
 Southern New Jersey Perinatal Cooperative: (856) 665-6000

**Delivery Site Codes: (By County)**

**Atlantic County**

395 - AtlantiCare Regional Medical Center – Mainland  
 700 - Shore Memorial Hospital

**Bergen County**

180 - Englewood Hospital and Medical Center  
 270 - Hackensack University Medical Center  
 290 - Holy Name Hospital  
 095 - The Childbirth Center  
 830 - The Valley Hospital

**Burlington County**

602 - Lourdes Medical Center of Burlington County  
 080 - Virtua Memorial Hospital of Burlington County

**Camden County**

115 - Cooper University Hospital  
 508 - Our Lady of Lourdes Medical Center  
 897 - Virtua West Jersey Hospital – Voorhees

**Cape May County**

077 - Cape Regional Medical Center

**Cumberland County**

485 - South Jersey Regional Medical Center

**Essex County**

385 - Clara Mass Medical Center  
 055 - Newark Beth Israel Medical Center  
 640 - St. Barnabas Medical Center  
 470 - The Mountainside Hospital  
 480 - UMDNJ - University Hospital

**Gloucester County**

800 - Underwood Memorial Hospital  
 887 - Kennedy Memorial Hospitals UMC – Washington Twp

**Hudson County**

050 - Bayonne Medical Center  
 100 - Christ Hospital  
 670 - Hoboken University Medical Center  
 433 - Jersey City Medical Center – Wilzig Hospital  
 609 - Meadowlands Hospital Medical Center  
 502 - Palisades Med Ctr – NY Presbyterian Healthcare System

**Hunterdon County**

305 - Hunterdon Medical Center

**Mercer County**

440 - Capital Health System – Mercer Campus  
 770 - RWJ University Hospital at Hamilton  
 570 - University Medical Center at Princeton

**Middlesex County**

333 - JFK Medical Center  
 555 - Raritan Bay Medical Center  
 445 - RWJ University Hospital  
 685 - St. Peter's University Hospital

**Monmouth County**

215 - Central State Healthcare System  
 220 - Jersey Shore University Medical Center  
 610 - Riverview Medical Center  
 455 - Monmouth Medical Center

**Morris County**

097 - Chilton Memorial Hospital  
 465 - Morristown Memorial Hospital  
 643 - St. Clare's Hospital/Denville

**Ocean County**

122 - Community Medical Center  
 550 - Kimball Medical Center  
 070 - Ocean Medical Center  
 626 - Southern Ocean County Hospital

**Passaic County**

660 - St. Joseph's Regional Medical Center  
 249 - St. Joseph's Wayne Hospital  
 675 - St. Mary's Hospital

**Salem County**

177 - South Jersey Hospital – Elmer  
 695 - The Memorial Hospital of Salem County

**Somerset County**

705 - Somerset Medical Center

**Sussex County**

490 - Newton Memorial Hospital

**Union County**

475 - Muhlenberg Regional Medical Center  
 510 - Overlook Hospital  
 645 - Trinitas Hospital

**Warren County**

275 - Hackettstown Regional Medical Center  
 885 - Warren Hospital



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     AmeriChoice     AmeriGroup  
 Health Net     Horizon NJ Health     University Health Plans

**Entry Into Prenatal Care**  
 Date of first visit: MM - DD - YY  
 Date of 1st visit under MCO: MM - DD - YY  
 LMP\*: MM - DD - YY  
 EDC\*: MM - DD - YY

**Physical Assessment**  
 Blood Pressure: /  
 Pre Pregnancy Weight (lbs):  
 Current Weight (lbs):  
 Height (Ft-Inches): -

**Perinatal History**  
 Gravida\*    Para\* (T P SAB EAB L)  
 Date of most recent live birth: MM - DD - YY  
 Weeks Gestation of Preterm loss(es): select any that apply  
 <21 wks     21-34 wks     >34 wks  
 Specify # of Weeks Gestation of most advanced loss: -

**Oral Health and Referral**  
 Sensitive/Bleeding Gums  Yes  No  
 Dental Referral Given  Yes  No  
 Patient Education Given  Yes  No  
 Visit within the last year  Yes  No

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

WHEN FORM IS COMPLETED, FAX DAILY TO: 856-662-4321

DO NOT PHOTOCOPY BLANK FORMS

PLEASE COMPLETE AND FAX TO: 856-662-4321

FHI ID 107501

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