

**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**

**\*REQUIRED FOR FORM PROCESSING\***

**PLEASE PRINT CLEARLY**

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

