



PATIENT INFORMATION

PROVIDER INFORMATION

Date Completed / / Practice

Provider NPI Group/Billing NPI

Planned Delivery Site

PATIENT INFORMATION

Chart Number First Name Last Name

DOB / / Street Address City

Zip State County Apt./Suite/Other

If cell entered as Primary Phone, patient will receive text to sign up for Patient Portal: Your Health, Your Story upon submission of First Visit form.

Primary Phone Email

Primary Phone Type Cell Home Other

Preferred Contact Method Text Call Email **Married** Yes No Declined

Emergency Contact Name Phone Relationship

Support Person Name Phone Relationship

Race

American Indian or Alaska Native Unknown

Asian Declined

Black or African American

Native Hawaiian or Other Pacific Islander

White

More than one race/Multiracial

Other, specify:

Hispanic Yes No **Hispanic Subgroup** Cuban Mexican, Mexican American, Chicano/a Puerto Rican Other

Primary Language English Spanish Other, specify:

HEALTH INSURANCE

Insurance Type *(Select all that apply. At least one option must be checked.)*

NJ FamilyCare Medicaid PE Medicaid FFS NJ Supplemental Prenatal and Contraceptive Program (NJSPCP)

Medicare Commercial Uninsured/Self Pay

Medicaid MCO *(Select one for NJ FamilyCare participants.)*

Aetna Better Health

Fidelis Care

Horizon NJ Health

UnitedHealthcare Community

Wellpoint

Medicaid ID or CCN # Insurance ID Insurance Effective Date / /





MEDICAL INFORMATION

PERINATAL CARE ENTRY

Date of 1st Visit / / Date of 1st Visit under MCO / / LMP / / EDD / /

PERINATAL HISTORY

First Pregnancy Yes No Pregnancies (including current) C-sections

Live births Live births now living Date of most recent live birth / /

Term births (at least 37 weeks) Preterm births (less than 37 weeks) Weeks at earliest preterm birth

Pregnancy losses less than 20 weeks Fetal deaths greater than 20 weeks Induced terminations Ectopic or molar pregnancies

Date of most recent other pregnancy outcome: / / Most recent other pregnancy outcome type: Pregnancy loss less than 20 weeks Induced termination Ectopic or molar pregnancy Fetal death greater than 20 weeks

Bleeding During Pregnancy (Select all that apply.) 1st Trimester 2nd Trimester 3rd Trimester None

Visit within past year? Primary Care Physician Yes No Dentist Yes No Eye Doctor Yes No

PHYSICAL EXAM

Blood Pressure / Pre Preg Weight (lbs) Current Weight (lbs) Height ft in BMI (system calculates)

INFERTILITY TREATMENT

None
 Assisted Reproductive Technology
 Fertility Enhancing Drugs Taken by Birthing Person
 Fertility Enhancing Drugs Taken by Partner
 Insemination

ADD'L INFO

Current Medications
(Include name and dosage of all medications currently being taken.)

Additional Information
(Include specifics about health conditions or identified risk factors for insurance partners to best serve your patient.)

PREGNANCY RISK FACTORS

PREGNANCY RISK FACTORS	<input type="checkbox"/> All Pregnancy Risk Factors Negative	Current Pregnancy			Prior Pregnancy			Current Pregnancy			Prior Pregnancy		
		Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown
		Abdominal Surgery	<input type="radio"/>	<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"/>
Abdominoplasty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appendectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bariatric Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heroin or Other Opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel Resection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholecystectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other Non-Opioid Prescription Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploratory Laparotomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Macrosomia (weight is greater than 4000 g or 8 lbs 13 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hernia Repair Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Marijuana Use	<input type="radio"/>	<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"/>	<input type="radio"/>	Maternal Fetal Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abnormal Fetal Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Multiple Gestation	<input type="radio"/>	<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"/>	<input type="radio"/>	Oligohydramnios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BMI Concern (BMI is less than 18.5 or BMI is greater than 30.0) (system populates from BMI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Opioid Dependence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cats or Birds in Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Opioid Replacement Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical Insufficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pelvic Surgery	<input type="radio"/>	<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"/>	<input type="radio"/>	Cone Biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	Cryosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fetal Growth Restriction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	D&C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fetal Reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GYN Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GBS Bacteriuria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hysteroscopy	<input type="radio"/>	<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"/>	<input type="radio"/>	Myomectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insulin Dependent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ovarian Cystectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gestational Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prolapse Repair	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Salpingectomy/Ostomy	<input type="radio"/>	<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"/>	<input type="radio"/>	Placenta Previa	<input type="radio"/>	<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"/>	<input type="radio"/>	Polyhydramnios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Low Birth Weight (less than 5 lbs 8 oz or 2500 g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pyelonephritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of PROM	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperemesis	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



PATIENT'S MEDICAL CONDITIONS

PATIENT'S MEDICAL CONDITIONS	<input type="checkbox"/> All Patient's Medical Risk Factors Negative	Current Medical Conditions			Patient History	On Meds		Current Medical Conditions			Patient History	On Meds	
		Yes	No	Unknown		Yes	No	Yes	No	Unknown		Yes	No
		2nd or 3rd Hand Smoke	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>						<input type="radio"/>	<input type="radio"/>
Abnormal Pap Smear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Active Tuberculosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Blood Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
Blood Clotting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Blood Dyscrasia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Sickle Cell Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Sickle Cell Trait	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>							<input type="checkbox"/>		
Thalassemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Specify: <input type="text"/>													
Chronic Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Congenital Abnormalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Cystic Fibrosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input type="radio"/>
<i>If Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect.</i>													
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>					<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Insulin Dependent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										

PSYCHOSOCIAL RISK FACTORS

PSYCHOSOCIAL RISK FACTORS	<input type="checkbox"/> All Psychosocial Risk Factors Negative	Yes	No	Unknown
		Currently in Foster Care	<input type="radio"/>	<input type="radio"/>
Disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other, specifyK <input type="text"/>				
Receiving SSI/SSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Domestic/Interpersonal Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Eating Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Education Less Than 12 Years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Financial Concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Inadequate Social Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Nutritional Concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Partner is Unemployed / No Partner in Household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<i>If Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect.</i>				
Perinatal Depression/Mood Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Transportation Barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Unemployed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Unplanned Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Unstable Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Epilepsy/Seizure Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Heart Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
HIV Positive/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
HIV Test Declined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Ever Lived in a Home Built Before 1980	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Liver Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Lupus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Neurological Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Phlebitis/DVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Renal Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
STD or STI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Bacterial Vaginosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Genital Herpes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Gonorrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
HPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Trichomoniasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Thyroid Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Hyperthyroidism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Hypothyroidism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Uterine Abnormalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

REASON FOR LATE ENTRY INTO PRENATAL CARE (2nd or 3rd Trimester)	<input type="checkbox"/> Entered prenatal care in the 1st Trimester	
	Yes	No
Abortion Desired/Unsuccessful	<input type="radio"/>	<input type="radio"/>
Access to Pregnancy Testing	<input type="radio"/>	<input type="radio"/>
Child Care Issues	<input type="radio"/>	<input type="radio"/>
Couldn't Find a Health Provider	<input type="radio"/>	<input type="radio"/>
Cultural/Linguistic Barriers	<input type="radio"/>	<input type="radio"/>
Financial	<input type="radio"/>	<input type="radio"/>
Insurance Enrollment Delay	<input type="radio"/>	<input type="radio"/>
No Appointment Available	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>
Unaware of Importance of Prenatal Care	<input type="radio"/>	<input type="radio"/>
Unaware of Pregnancy	<input type="radio"/>	<input type="radio"/>



4Ps PLUS *Read 4Ps Plus questions out loud during patient's office visit.*

4Ps Plus interview not conducted during visit. *If not conducted at visit, administer at subsequent visit.*

4Ps PLUS

Did either of your parents have a problem with drugs or alcohol? Yes No

Does your partner have any problem with drugs or alcohol? Yes No

Have you ever felt manipulated by your partner? Yes No

Have you ever felt out of control or helpless? Yes No

Over the past 2 weeks have you felt down, depressed or hopeless? Yes No

Over the past 2 weeks have you felt little interest or pleasure in doing things? Yes No

Have you ever drunk beer/wine/liquor? Yes No

In the month before you knew you were pregnant, how many cigarettes did you smoke? Any* None

In the month before you knew you were pregnant, how much beer/wine/liquor did you drink? Any* None

In the month before you knew you were pregnant, how much marijuana did you use? Any* None

4Ps PLUS FOLLOW-UP

**Follow-up questions required if 'Any' above selected. In the month before you knew you were pregnant, about how many days a week did you usually...*

	Refer for Assessment			Prevention Education		No Referral Needed
	Every day	3-6 days/week	1-2 days/week	< 1 day/week	No drugs/drinks	
drink beer, wine or liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
use any drug such as marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
use any drug such as cocaine, or heroin or methamphetamine or any other drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
take any medication not prescribed for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
And now, about how many days a week do you usually...						
drink beer, wine or liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
use any drug such as marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
use any drug such as cocaine, or heroin or methamphetamine or any other drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
take any medication not prescribed for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

TOBACCO/NICOTINE USE

Any tobacco/nicotine use
 Yes No

If Yes, offer patient referral for Tobacco/Nicotine Cessation in section below.

Type of use

Cigarette

Cigar/cigarillo

Chewing tobacco

E-cigarette/vaping

How many cigarettes did you smoke per day in the three months before you knew you were pregnant?

Did you use any other tobacco/nicotine product at any time in the three months before you knew you were pregnant?
 Every day Rarely
 Some days Not at all

REFERRALS + EDUCATION

Use Referral Needed column to indicate items for Connecting NJ to initiate.

Ask all patients: *Are you interested in learning more about programs and services to support pregnancy and family wellness? Select Send Referral to link patient to Connecting NJ and/or Family Connects NJ.*

AUTOMATED REFERRALS

Connecting NJ*

Connecting NJ (CNJ) provides referrals to local community resources, programs, and services to support patients and families. Staff contact patients to offer individualized, confidential, and caring support. Select *Send Referral* to connect patient to a network of partners dedicated to helping NJ families thrive, including Nurse Family Partnership, Parents as Teachers, and Healthy Families.

Notes for Connecting NJ staff:

Send Referral Declined Receiving Services Not NJ Resident

Family Connects NJ*

Family Connects NJ (FCNJ) is a program that connects parents with a specially trained nurse for a personalized follow up visit at home within the first two weeks after their child's birth. Visits are offered to all families at no cost, regardless of income, insurance, or immigration status. Services are available to birth, adoptive, and resource families with a newborn, as well as parents experiencing a stillbirth or loss of their newborn. Services are currently available in select NJ counties. Select *Send Referral* to connect patient to FCNJ.

Notes for Family Connects NJ staff:

Send Referral Declined Receiving Services County Not Live or Not NJ Resident

Tobacco/Nicotine Cessation*

Mom's Quit Connection (MQC) for Families provides free and individualized counseling to quit or cut down on tobacco/nicotine and/or vaping and help with relapse prevention for pregnant individuals, partners, and anyone caring for a child 8 years and younger. Select *Send Referral* to connect patient to MQC.

Send Referral Declined Not Needed Not NJ Resident

REFERRALS + EDUCATION

	Education Provided	Referral Provided	Receiving Services	Referral Needed	Declined	Not Needed
Behavioral Health Assessment	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Assessment	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Assessment	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breastfeeding Support	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childbirth Education	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare Services	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DCP&P	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Referral	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Care Program	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Assessment	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Assistance/TANF/GA	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Stamps/SNAP	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritional Consult	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preterm Labor Prevention	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Prevention Education	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Indicates Automated Referral