

First Visit (FV)

PATIENT INFORMATION

(TION	Date Completed / / Practice	
ORMA	Provider NPI	Group/Billing NPI
INFO	Planned Delivery Site	
ATION	Chart Number First Name	Last Name

ров / /	Street Address			City						
Zip	State	County			Apt./Suite/Other					
If cell entered as Primary Pho	one, patient will receive	e text to sign up for Pa	atient Portal: Your Health, Yo	ur Story up	oon submission of First Visit form.					
Primary Phone			Email							
Primary Phone Type	cell 🔿 Home	O Other								
Preferred Contact Method	○ Text ○ Call ○	Email Married	⊖Yes ⊖No ⊖Declin	ed						
Emergency Contact Name			Phone		Relationship					
Support Person Name			Phone		Relationship					
Race										
\bigcirc American Indian or Alas	ka Native	🔿 Unknown								
○ Asian		O Declined								
O Black or African America										
O Native Hawaiian or Othe	r Pacific Islander									
O White										
O More than one race/Mult	iracial									
◯ Other, specify:										
Hispanic 🔿 Yes 🔿 No	Hispanic Subgrou	p 🔿 Cuban 🔿	Mexican, Mexican American	, Chicano/a	a 🔿 Puerto Rican 🔿 Other					
Primary Language O Er	nglish 🛛 Spanish	O Other, specify	:							

 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 ID
 Insurance Effective Date

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ME	STATE OF NEW JERSEY PERINATAL RISK ASSESSME	INT						Firs	t Visit	(FV)
PRENATAL CADE		Date of	1st Visit und	er MCO	/ /	LMP	/ /	ED	D / /	
AL AL	First Pregnancy OYes ONo	Preg	nancies (inc	luding currer	nt)	C-s	ections			
PERINATAL	D 2 Live births Term births (at least 37 weeks)		Liveb	irths now livir han 37 week		Date of most recent li Weeks at earliest preter		/ /		
<u>.</u>	Pregnancy losses less than 20 weeks Date of most recent other pregnancy out		· ·			Induced terminations		than 20 weeks	ar pregnancies	
	Bleeding During Pregnancy (Sele Visit within past year? Primary	ect all that appl y Care Physici		st Trimeste s ◯ No		nd Trimester □ 3rd Tr Dentist)Yes No		□ None Eye Doctor	⊖Yes ⊖N	0
PHYSICAL EXAM	Blood Pressure	Pre Preg Weig	lht (Ibs)	Current	Weight (lbs) Height ft	i	BMI (sys	tem calculates)
INFERTILITY TREATMENT	 None Assisted Reproductive Technolog Fertility Enhancing Drugs Taken by Bi Fertility Enhancing Drugs Taken Insemination 	rthing Person		r identified r	e and dosa currently b Informat cifics about risk factors	age of all eing taken.)				
PRE	EGNANCY RISK FACTORS									
PREGNANCY RISK FACTORS	All Pregnancy Risk Factors Negative Yes	rrent Pregnan No Unkno	-	rior Pregn No Un	ancy known			nt Pregnancy No Unknown	Prior Pre	egnancy Unknown
AC	Abdominal Surgery	0 0	0	0	0	Illicit Drug Use		0 0	0 0	0
А Е	Abdominoplasty	0 0	0	0	0	Cocaine	-	0 0	0 0	0
ISI	Appendectomy	0 0	0	0	0	Hallucinogens Heroin or Other Opioid	-			0
ΥR	Bariatric Surgery	0 0	0	0	0	Inhalants			0 0	0
NC	Bowel Resection O	0 0	0	0	0	Other Non-Opioid		0 0	0 0	0
AN	Cholecystectomy O	0 0	0	0	0	Prescription Drugs	U			-
Б П	Exploratory Laparotomy		0	0	0	Macrosomia (weight is greater than 4000 g or	0	0 0	0 0	0
PR	Hernia Repair Surgery		0	0	0	8 lbs 13 oz) Marijuana Llse	\cap	\cap	\cap \cap	\cap

All Pregnancy Risk			0 ,			0,							
Factors Negative	Yes	No	Unknown	Yes	No	Unknown		Yes	No	Unknown	Yes	No	Unknown
Abdominal Surgery	0	0	0	0	0	0	Illicit Drug Use	0	0	0	0	0	0
Abdominoplasty	0	0	0	0	0	0	Cocaine	0	0	0	0	0	0
Appendectomy	Ō	Ō	Ō	Ō	Ō	Ō	Hallucinogens	0	0	0	0	0	0
Bariatric Surgery	0	0	0	0	0	0	Heroin or Other Opioid	-	0	0	0	0	0
Bowel Resection	0	0	0	0	0	0	Inhalants Other Non-Opioid	0	0	0	0	0	0
Cholecystectomy	0	0	0	0	0	0	Prescription Drugs	0	0	0	0	0	0
Exploratory Laparotomy	0	0	0	0	0	0	Macrosomia (weight is	0	0	0	0	Ο	0
Hernia Repair Surgery	0	0	0	\bigcirc	0	0	greater than 4000 g or 8 lbs 13 oz)						
Abnormal Amniocentesis	0	0	0	0	0	0	Marijuana Use	0	0	0	0	0	0
Abnormal Fetal Testing	0	0	0	0	0	0	Maternal Fetal Infection	0	0	0	0	0	0
Alcohol Use	0	0	0	0	0	0	Multiple Gestation	0	0	0	0	0	0
BMI Concern (BMI is less than 18.5 or BMI is greater than 30.0) (sy	O	\bigcirc	tes from BMI)				Oligohydraminos	0	0	0	0	0	0
Cats or Birds in Home	\cap						Opioid Dependence	0	0	0	0	0	0
	0	0	0	0	0	0	Opioid Replacement Treatment	0	Ο	0	0	0	0
Cervical Insufficiency Eclampsia	0	0	0	0	0	0	Pelvic Surgery	0	0	0	0	0	0
Fetal Genetic/Structural Abnormalities	~	0	0	0	0	0	Cone Biopsy	Ō	Ō	Ō	Ō	Ō	Ō
Fetal Growth Restriction	0	0	0	0	0	0	Cryosurgery	0	0	0	0	0	0
Fetal Reduction	0	0	0	0	0	0	D&C	0	Ο	0	0	0	0
GBS Bacteriuria	0	0	0	0	0	0	GYN Surgery	0	0	0	0	0	0
Gestational Diabetes	Õ	Ő	Ő	ŏ	0	Ö	Hysteroscopy	0	Ο	0	0	Ο	0
Insulin Dependent	0	Õ	0	Õ	Õ	0	Myomectomy	0	0	0	0	0	0
Gestational Hypertension	0	0	0	0	0	0	Ovarian Cystectomy	0	0	0	0	0	0
Hepatitis A	0	0	0	0	0	0	Prolapse Repair	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	Salpingectomy/Ostom		0	0	0	0	0
Hepatitis C	0	0	0	0	0	0	Placenta Previa	0	0	0	0	0	0
	-	-	-	0	0	0	Polyhydraminos	0	0	0	0	0	0
History of Low Birth Weight (less than	o ibs 8		2000 g)	0	0	0	Pyelonephritis	0	0	0	0	0	0
History of PROM	0	0	0	0	0	0	Rh Negative	0	0	0			
Hyperemesis	\cup	\cup	0	\cup	\cup	\mathbf{O}	Urinary Tract Infection	0	0	0			

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First Visit (FV)

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PATIENT'S MEDICAL CONDITIONS

S	All Patient's Medical	Curre	ent Medi	cal Conditions	Patient	On M	leds		Curre	nt Medica	al Conditions	Patient	On Me
CONDITIONS	Risk Factors	Yes	No	Unknown	History	Yes	No		Yes	No	Unknown	History	Yes
Q	2nd or 3rd Hand Smoke	0	0	0				Epilepsy/Seizure	0	0	0		0
	Abnormal Pap Smear	0	0	0				Disorder	0	0	Ũ		0
AL	Active Tuberculosis	0	0	0		0	0	Heart Condition	0	0	0		0
MEDICAL	Allergies	0	0	0		0	0	HIV Positive/AIDS	0	0	0		0
	Anemia	Ο	0	0		0	0	HIV Test Declined	0	0	0		
PATIENT'S	Asthma	0	0	0		0	0	Ever Lived in a Home	0	0	0		
N N N	Blood Disorder	Ο	0	0				Built Before 1980	-	-	_		
AT	Blood Clotting	0	0	0		0	0	Liver Disease	\bigcirc	\frown	\sim	-	\sim
	Blood Dyscrasia	0	0	0		0	0		0	0	0		0
	Sickle Cell Disease	0	0	0		0	0	Lupus	0	0	0		0
	Sickle Cell Trait Thalassemia	0	0	0		\cap	\cap	Mental Illness	0	0	0		0
	Other	0	0	0		0	0	Neurological	0	0	0		0
	Cancer	0	0	0		0	0	Condition					
	Specify:							Phlebitis/DVT	0	0	0		0
	Chronic Hypertension	0	0	0		0	0	Renal Disease	0	0	0		0
	Congenital Abnormalities	0	0	0				Seizures	0	0	0		0
	Cystic Fibrosis	0	0	0		0	0	STD or STI	0	0	0		
	lf Yes, offer patient referra program. Referral link will	l to Al appea	ma: Mom r when fo	ns supporting Mom form is entered on F	s peer supp PRA Conne	oort ct.		Bacterial Vaginosis	0	0	0		0
	Depression	Ο	0	0		0	0	Chlamydia	0	0	0		0
	Diabetes	0	0	0		0	0	Genital Herpes	0	0	0		Õ
	Insulin Dependent	0	0	0				Gonorrhea	0	0	0		0

REASON FOR LATE ENTRY INTO PRENATAL CARE

PSYCHOSOCIAL RISK FACTORS

Currently in Foster Care \\	All Psychosocial Risk Factors Negative	Yes	No	Unknown
Hearing O O O Mobility O O O Vision O O O Other O O O Other, specifyK O O O Domestic/Interpersonal Violence O O O Eating Disorder O O O Education Less Than 12 Years O O O Financial Concerns O O O Food Insecurity O O O Homeless O O O Inadequate Social Support O O O Nutritional Concerns O O O Nutritional Concerns O O O Pather is Unemployed / No Partner in Household O O O If Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA connect. Perinatal Depression/Mood Disorder O O Trauma O O O O O O Unemployed O O	Currently in Foster Care	0	0	0
MobilityOOVisionOOOtherOOOther, specifyKImage: SI/SSDOReceiving SSI/SSDOODomestic/Interpersonal ViolenceOOEating DisorderOOEducation Less Than 12 YearsOOFinancial ConcernsOOFood InsecurityOOHomelessOOInadequate Social SupportOONutritional ConcernsOOPartner is Unemployed / No Partner in HouseholdOOIf Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect.Perinatal Depression/Mood DisorderOOTraumaOOUnemployedOOUnemployedOOUnemployedOOUnemployedOOUnplanned PregnancyOO	Disabled	0	0	0
Vision Other Other Other Other, specifyK Content Other Other Receiving SSI/SSD O O Other Domestic/Interpersonal Violence O O O Eating Disorder O O O Education Less Than 12 Years O O O Financial Concerns O O O Food Insecurity O O O Homeless O O O Inadequate Social Support O O O Nutritional Concerns O O O Partner is Unemployed / No Partner in Household O O O If Yes, offer patient referral to Alma: Moms supportins Moms peer support O O If Yes, offer patient referral to Alma: Moms supportins Premeter O O Perinatal Depression/Mood Disorder O O O O Trauma O O O O O Unemployed O O O O O O	Hearing	0	0	0
Other Other, specifyK Receiving SSI/SSD O O Domestic/Interpersonal Violence O O Eating Disorder O O Education Less Than 12 Years O O Financial Concerns O O Food Insecurity O O Homeless O O Nutritional Concerns O O Partner is Unemployed / No Partner in Household O O If Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect. O Perinatal Depression/Mood Disorder O O Trauma O O Unemployed O O Unemployed O O	Mobility			-
Other, specifyK Receiving SSI/SSD O O Domestic/Interpersonal Violence O O Eating Disorder O O Education Less Than 12 Years O O Financial Concerns O O Food Insecurity O O Homeless O O Inadequate Social Support O O Nutritional Concerns O O Partner is Unemployed / No Partner in Household O O If Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect. Perinatal Depression/Mood Disorder O O Trauma O O O Unemployed O O O Unemployed O O O	Vision	0	0	0
Receiving SSI/SSDImage: Construct of the sector	Other	0	0	0
Domestic/Interpersonal ViolenceOOEating DisorderOOEducation Less Than 12 YearsOOFinancial ConcernsOOFood InsecurityOOHomelessOOInadequate Social SupportOONutritional ConcernsOOPartner is Unemployed / No Partner in HouseholdOOIf Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA connect.Perinatal Depression/Mood DisorderOOTraumaOOUnemployedOOUnemployedOOUnemployedOOUnemployedOOOOODestination BarriersOOOOOUnemployedOOUnemployedOOUnemployedOOOOUnplanned PregnancyOOOOO	Other, specifyK			
Eating DisorderOOEducation Less Than 12 YearsOOFinancial ConcernsOOFood InsecurityOOHomelessOOInadequate Social SupportOONutritional ConcernsOOPartner is Unemployed / No Partner in HouseholdOOIf Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect.Perinatal Depression/Mood DisorderOOTraumaOOUnemployedOOUnemployedOOUnemployedOOUnplanned PregnancyOO	Receiving SSI/SSD	0	0	0
Education Less Than 12 Years O O Financial Concerns O O Food Insecurity O O Homeless O O Inadequate Social Support O O Nutritional Concerns O O Partner is Unemployed / No Partner in Household O O If Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect. Perinatal Depression/Mood Disorder O Pranne O O O O Trauma O O O O Unemployed O O O O	Domestic/Interpersonal Violence	0	0	0
Financial Concerns O O Food Insecurity O O Homeless O O Inadequate Social Support O O Nutritional Concerns O O Partner is Unemployed / No Partner in Household O O If Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect. Perinatal Depression/Mood Disorder O O Transportation Barriers O O Unemployed O O Unemployed O O	Eating Disorder	0	0	0
Food InsecurityOOHomelessOOInadequate Social SupportOONutritional ConcernsOOPartner is Unemployed / No Partner in HouseholdOOIf Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA-connect.OPerinatal Depression/Mood DisorderOOTransportation BarriersOOUnemployedOOUnemployedOOUnemployedOOOOOUnplanned PregnancyOO	Education Less Than 12 Years	0	0	0
Homeless Inadequate Social Support Imadequate Social Support Imadequate Social Support Nutritional Concerns Imadequate Social Support Imadequate Social Support Imadequate Social Support Partner is Unemployed / No Partner in Household Imadequate Social Support Imadequate Social Support Imadequate Social Support Partner is Unemployed / No Partner in Household Imadequate Social Support Imadequate Social Support Imadequate Social Support If Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA connect. Imadequate Social Support Imadequate Social Support Perinatal Depression/Mood Disorder Imadequate Social Support Imadequate Social Support Imadequate Social Support Imadequate Social Support Trauma Imadequate Social Support Imadequate Social Support Imadequate Social Support Imadequate Social Support Unemployed Imadequate Social Support Imadequate Social Support Imadequate Social Support Imadequate Social Support Unplanned Pregnancy Imadequate Social Support Imadequate Social Support Imadequate Social Support	Financial Concerns	0	0	-
Inadequate Social SupportOOONutritional ConcernsOOOPartner is Unemployed / No Partner in HouseholdOOOIf Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect.OOPerinatal Depression/Mood DisorderOOOTransportation BarriersOOOTraumaOOOUnemployedOOOUnplanned PregnancyOOO	-	0	<u> </u>	0
Nutritional Concerns O O Partner is Unemployed / No Partner in Household O O If Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect. Perinatal Depression/Mood Disorder O O Transportation Barriers O O O O Trauma O O O O Unemployed O O O O	Homeless	0	-	•
Partner is Unemployed / No Partner in Household O O If Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect. Perinatal Depression/Mood Disorder O O Prinatal Depression/Mood Disorder O O O O Transportation Barriers O O O O Unemployed O O O O Unemployed O O O O	Inadequate Social Support	0	0	0
If Yes, offer patient referral to Alma: Moms supporting Moms peer support program. Referral link will appear when form is entered on PRA Connect. Perinatal Depression/Mood Disorder O O Transportation Barriers O O Trauma O O O Unemployed O O O Unplanned Pregnancy O O O	Nutritional Concerns	0	0	0
program. Referral link will appear when form is entered on PRA Connect. Perinatal Depression/Mood Disorder O O Transportation Barriers O O O Trauma O O O O Unemployed O O O O O Unplanned Pregnancy O O O O O	Partner is Unemployed / No Partner in Househo	ld O	0	0
Transportation Barriers O O Trauma O O Unemployed O O Unplanned Pregnancy O O				
Trauma O O Unemployed O O Unplanned Pregnancy O O	Perinatal Depression/Mood Disorder	0	0	0
Unemployed O O O Unplanned Pregnancy O O O	Transportation Barriers	0	0	0
Unplanned Pregnancy	Trauma	0	0	0
	Unemployed	0	0	0
Unstable Housing	Unplanned Pregnancy	0	0	0
	Unstable Housing	0	0	0

Ο Ο Ο Ο Ο Ο Ο Ο 0 Ο Ο Gonorrhea ()()()()Ο Ο HPV Ο Ο Ο Ο Ο Ο 0 Ο Syphilis Trichomoniasis Ο Ο Ο Ο Ο Ο Ο Ο Thyroid Disease Ο Ο Ο Ο Ο Hyperthyroidism Ο Ο Ο Ο Ο Hypothyroidism Ο 0 Ο Uterine Abnormalities (2nd or 3rd Trimester) Entered prenatal care in the 1st Trimester Yes No \bigcirc \bigcirc Abortion Desired/Unsuccessful

Ξ	Aboliton Desired/Onsuccession	0	0
	Access to Pregnancy Testing	0	0
	Child Care Issues	0	0
<u>v</u>	Couldn't Find a Health Provider	0	0
	Cultural/Linguistic Barriers	0	0
	Financial	0	0
	Insurance Enrollment Delay	0	0
	No Appointment Available	0	0
	Transportation	0	0
	Unaware of Importance of Prenatal Care	0	0
	Unaware of Pregnancy	0	0

PSYCHOSOCIAL RISK FACTORS



First Visit (FV)

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.

40	4Ps Plus interview not conducted during visit. If not conducted at visit, administer at subsequent visit.		
LUS	Did either of your parents have a problem with drugs or alcohol?	○ Yes	O No
₽	Does your partner have any problem with drugs or alcohol?	○ Yes	\odot No
4Ps	Have you ever felt manipulated by your partner?	○ Yes	O 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 *	ONone

*Follow-up questions required if 'Any' above selected.	Refer for	Assessment	Prevention	No Referral Needed	
how many days a week did you usually	Every day	3-6 days/week	1-2 days/week	< 1 day/week	No drugs/drinks
drink beer, wine or liquor?	0	0		0	0
use any drug such as marijuana?	0	0	0	0	0
use any drug such as cocaine, or heroin or methamphetamine or any other drug?	0	0		0	0
take any medication not prescribed for you?	0	0	0	0	0
And now, about how many days a week do you usually			'	7	
drink beer, wine or liquor?	0	0	0		0
use any drug such as marijuana?	0	0	0		0
use any drug such as cocaine, or heroin or methamphetamine or any other drug?	0	0	0	0	0
take any medication not prescribed for you?	0	0	0	0	0
	In the month before you knew you were pregnant, about how many days a week did you usually drink beer, wine or liquor? use any drug such as marijuana? use any drug such as cocaine, or heroin or methamphetamine or any other drug? take any medication not prescribed for you? And now, about how many days a week do you usually drink beer, wine or liquor? use any drug such as marijuana? use any drug such as marijuana? use any drug such as cocaine, or heroin or methamphetamine or any other drug?	In the month before you knew you were pregnant, about how many days a week did you usually drink beer, wine or liquor? use any drug such as marijuana? use any drug such as cocaine, or heroin or methamphetamine or any other drug? take any medication not prescribed for you? And now, about how many days a week do you usually drink beer, wine or liquor? use any drug such as marijuana? use any drug such as marijuana? use any drug such as cocaine, or heroin or methamphetamine or any other drug?	In the month before you knew you were pregnant, about how many days a week did you usually Every day 3-6 days/week drink beer, wine or liquor? O O use any drug such as marijuana? O O use any drug such as cocaine, or heroin or methamphetamine or any other drug? O O take any medication not prescribed for you? O O And now, about how many days a week do you usually O O drink beer, wine or liquor? O O use any drug such as marijuana? O O use any drug such as marijuana? O O use any drug such as marijuana? O O use any drug such as cocaine, or heroin or methamphetamine or any other drug? O O	In the month before you knew you were pregnant, about how many days a week did you usually Every day 3-6 days/week 1-2 days/week drink beer, wine or liquor? O	In the month before you knew you were pregnant, about how many days a week did you usually Every day 3-6 days/week 1-2 days/week <1 day/week

ပ္ကလ	Any tobacco/nicotine use	Type of us
ОЭ́	\bigcirc Yes \bigcirc No	Cigarett
	If Yes, offer patient referral for	Cigar/ci
ဥပ္ဆု	Tobacco/Nicotine Cessation in section below.	Chewin
z		E-cigare

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 OEvery day ORarely the three months before you knew you were pregnant?

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

○Some days ○Not at all

REFERRALS + EDUCATION

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	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. Connecting NJ*	ducation rovided	teferral rovided	teceiving services	keferral Jeeded	Declined	Not Needed	
ERRALS	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,			0		0	0	
	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,		0	0	0	0	0	
צ	including Nurse Family Partnership, Parents as Teachers, OOOO USUB Substance Use Assessment	<u>-</u>	0	0	- 0-	0	0	`←
	Notes for Connecting NJ staff: O Breastfeeding Support		0	0	0	0	0	
Ā	Family Connects NJ* Childbirth Education		0	0	0	0	0	
AUTOMATED	Family Connects NJ* Childbirth Education Family Connects NJ (FCNJ) is a program that connects parents Example Connects NJ (FCNJ)		0	0	0	0	0	
Ξ	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 impringition status, Sovieta are are alleble to birth.		0	0	0	0	0	
¥	ar 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 stillibrith or loss of their newborn.		0	0	0	0	0	
	adoptive, and resource families with a newborn, as well as		0	0	0	0	0	
	parents experiencing a stillbirth or loss of their newborn. Services are currently available in select NJ counties. Select		0	0	0	0	0	
	Send Referral to connect patient to FCNJ.		0	0	0	0	0	
	Notes for Family Connects NJ staff: Food Stamps/SNAP		0	0	0	0	0	
	Tobacco/Nicotine Cessation*		0	0	0	0	0	
5	Mom's Quit Connection (MQC) for Families provides free and individualized counseling to quit or cut down on point of the p		0	0	0	0	0	
≯ ¦	tobacco/nicotine and/or vaping and help with relapse		0	0	0	0	0	
	anyone caring for a child 8 years and younger. Select	ion	0	0	0	0	0	Ϊ
	Send Referral to connect patient to MQC.		- 0	0	0	0	0	
	*Indicates Automated Referral							

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