



Patient Questionnaire

Please, check all that are applicable (within the last 6-12 months)

Constitution

<input type="checkbox"/> Fever	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Chills
<input type="checkbox"/> Unexplained weight gain	<input type="checkbox"/> Unexplained weight loss	

Cardiovascular

<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Leg Swelling
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Respiratory

<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Chronic cough	<input type="checkbox"/> Wheezing
<input type="checkbox"/> Difficult to breath	<input type="checkbox"/> Coughing blood	

Gastrointestinal

<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Heartburn
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Bloody stool

GYN/Genitourinary

<input type="checkbox"/> Blood in urine	<input type="checkbox"/> Painful urination	<input type="checkbox"/> Frequent urination
<input type="checkbox"/> Loss of urine	<input type="checkbox"/> Abnormal bleeding	<input type="checkbox"/> Irregular menses
<input type="checkbox"/> Pain with menses	<input type="checkbox"/> Pain with intercourse	<input type="checkbox"/> Pelvic pain
<input type="checkbox"/> Vaginal discharge	<input type="checkbox"/> Vaginal itching	<input type="checkbox"/> Vaginal dryness

Musculoskeletal

<input type="checkbox"/> Joint pain	<input type="checkbox"/> Joint swelling	<input type="checkbox"/> Muscular weakness
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Integumentary (Skin)

<input type="checkbox"/> Breast pain	<input type="checkbox"/> Breast discharge	<input type="checkbox"/> Breast lump/mass
<input type="checkbox"/> Rash	<input type="checkbox"/> Acne	<input type="checkbox"/> Change in a mole

Psychiatric

<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Suicidal
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Endocrine

<input type="checkbox"/> Heat/cold intolerance	<input type="checkbox"/> Hot flashes	<input type="checkbox"/> Dry skin
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Hematology/Immunology

<input type="checkbox"/> Easy bleeding	<input type="checkbox"/> Easy bruising	<input type="checkbox"/> Non-healing wounds
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➤ **What would you like to discuss at today's visit?**

➤ **Please, list all medications you are currently taking.**

➤ **Please, list all allergies to any medications**

Name (Print): _____

Signature: _____

Date: _____

Date of Birth: _____



Prenatal Genetic Questionnaire

1. Will you be 35 years old or older at the time of delivery? Y N
2. Did you or baby's father have any problems at time of birth? Y N
If yes, please, explain: _____
3. Have you or the baby's father ever had a child with any birth defects? Y N
If yes, please, explain: _____
4. Have you had any stillborn child or three or more first trimester miscarriages? Y N
5. Have you taken any medications or recreation drugs since being pregnant? Y N
6. Have you smoked cigarettes since being pregnant? Y N
How much were/are you smoking? _____
7. Have you been screened for:
- | | | |
|--------------------|----------------------------|----------------------------|
| Tay-Sachs Disease? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Sickle Cell Trait? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Alpha-Thalassemia? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Beta-Thalassemia? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
8. Have you, the baby's father or anyone in your family ever had the following disorders? If yes, please indicate the relationship.
- | | | | |
|------------------------------------|----------------------------|----------------------------|-------|
| Down Syndrome? | <input type="checkbox"/> Y | <input type="checkbox"/> N | _____ |
| Neural Tube Defect (Spina Bifida)? | <input type="checkbox"/> Y | <input type="checkbox"/> N | _____ |
| Hemophilia? | <input type="checkbox"/> Y | <input type="checkbox"/> N | _____ |
| Muscular Dystrophy? | <input type="checkbox"/> Y | <input type="checkbox"/> N | _____ |
| Cystic Fibrosis? | <input type="checkbox"/> Y | <input type="checkbox"/> N | _____ |

Patient Name (PRINT): _____

DATE: _____



Screening for Down Syndrome

Down syndrome, also called Trisomy 21, is a condition which affects a child's development both mentally and physically. It may result in mental retardation, abnormal features of the face, and medical problems such as heart defects. A screening test can give information about a pregnant woman's risk of having a baby with Down syndrome.

PLEASE READ THE FOLLOWING AND CHECK THE BOX WHICH CORRESPONDS TO YOUR CHOICE.

1) FIRST TRIMESTER SCREENING (PAPP-A, hCG & Nuchal Translucency)

This is done **BETWEEN 11 TO 14 WEEKS** of pregnancy. A **BLOOD TEST** and **ULTRASOUND** examination which measures the thickness of the back of the neck of the fetus are combined to detect 82 to 87% of Down syndrome cases.

2) SECOND TRIMESTER SCREENING (AFP, Estriol, hCG & Inhibin A)

If your prenatal care begins **AFTER 14 WEEKS** (too late for the First Trimester Screening), this **BLOOD TEST** can be performed at 15 to 20 weeks and detect 81% of Down syndrome cases.

3) NON-INVASIVE PRENATAL TESTING USING CELL-FREE FETAL DNA (HIGH RISK PATIENTS)

Cell-free fetal DNA is released into the mother's blood and can be detected through a simple blood test. It can be analyzed to identify about 99% of Down syndrome affected fetuses.

This prenatal test is offered to women with pregnancies of at least 10 weeks and **ONE OF THE FOLLOWING CONDITIONS:**

- Maternal age of 35 or older at delivery
- Fetal ultrasound findings suggest an increased risk
- History of prior pregnancy with Down syndrome
- Abnormal first or second trimester screening
- Parents with balanced Robertsonian translocation with increased risk of Down syndrome

Although this test has a high detection rate, it is still a **SCREENING TEST** and a negative test does not ensure an unaffected pregnancy.

4) I am not interested in any screening for Down syndrome.

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

***If the results of any screening tests or other factors raise concerns about your pregnancy, diagnostic tests (invasive testing, such as amniocentesis or chorionic villus samplings) can be done to provide more information.



Genetic Screening

Babies with genetic diseases can be born to healthy parents who may be carriers for these genetic conditions which may be discovered through blood tests.

Please indicate whether or not you are interested in testing for the following:

- **Spinal Muscular Atrophy (SMA)**..... YES NO

SMA is the leading genetic cause of infant death under the age of two years. It is a disease that affects the motor neurons of the nervous system, resulting in progressive muscle weakness. About 1 out of 35 people is a carrier of SMA.

- **Fragile X Syndrome**..... YES NO

Fragile X syndrome is the most common inherited cause of intellectual disability, with a prevalence between 1 in 4000 and 1 in 6000 in males and about half of that in females. Of those boys affected by fragile X syndrome, about 1 out of 3 will have autism or autistic-like behavior. Nearly 1 out of 225 women are carriers.

- **Cystic Fibrosis (CF)** YES NO

CF is a genetic disease that cause severe degenerative damage to the lungs and pancreas. Between 1 in 16 to 87 people are carriers of this disease.

- **The Counsyl Test (with Fragile X)**..... YES NO

A comprehensive test for 100-plus genetic diseases which includes CF & SMA. For more information, go to <http://www.counsyl.com> for the complete list of diseases which are tested. A normal testing does not eliminate risk to offspring completely.

- **Ashkenazi Jewish Panel**..... YES NO

If you are of Ashkenazi Jewish (Eastern European Jewish) heritage this genetic test will assess the risk of having a child with any of the 16 disorders which are commonly found in this population:

*Bloom Syndrome, *Canavan Disease, *Cystic Fibrosis, *Dihydrolipoamide Dehydrogenase Deficiency, *Familial Hyperinsulinism, *Familial Dysautonomia, *Fanconi Anemia Group C, *Gaucher Disease, *Glycogen Storage Disease Type 1a, *Maple Syrup Urine Disease, *Mucopolidosis IV, *Nemaline Myopathy, *Niemann-Pick Disease Types A, *Tay-Sachs Disease (Enzyme & DNA), *Usher Syndrome type IF & III

I am NOT interested in any genetic screening.

NAME: _____ SIGNATURE: _____ DATE: _____



Policy for Payment of Services

Payment is due at the time of service. However, if we participate with your insurance plan, we will file a claim for assignment of medical benefits. Co-payments are due at the time of service. It is your responsibility to know and understand your insurance policy and the coverage of benefits it provides.

I clearly understand that I am responsible for any amount not covered by my insurance for any reason. I will also be responsible for any co-pays, co-insurance, and deductible amounts. Any payments made directly to the patient and owing to the physicians will be remitted immediately to RWJ OBGYN Associates. It is your responsibility to obtain referrals, if necessary, prior to treatment. If incorrect information is given to the office, and benefits are denied, then we cannot change or correct the billing after the fact. It is your responsibility to contact your insurance company.

Financial Responsibility Agreement

I, the undersigned, hereby authorize assignment of medical benefits to RWJ OBGYN Associates, including Drs. Bochner, Lundberg, Segal, Ham, Kim, Colonna, and Caban. This is irrevocable transfer of benefits allowing the right to appeal and litigate. This allows RWJ OBGYN Associates to exercise the right to accept or deny an appeal. I hereby authorize release of all medical and any other information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

I understand that I am financially responsible for all charges whether or not paid by insurance. I understand if my account becomes delinquent, and is sent to a collection attorney or collection agency, I will be responsible for an additional collection fee of \$50 or 20% of the balance owed, whichever is greater.

First Name (PRINT): _____

Last Name (PRINT): _____

Patient Signature: _____

Date: _____



Permission of Patient Contact

- Contact information listed on this form will allow us to contact you with laboratory results and other medically related questions. Please fill out completely for our records.

Phone Number (**Home**): _____

Phone Number (**Cell**): _____

Phone Number (**Work**): _____

Where should we contact you first? **Home** **Cell** **Work**

- In the event that our staff and/or physicians are unable to reach you concerning your medical status with our office (i.e. lab results, billing statements, etc.), may we leave a message on/with:

Home Answering Machine? Yes No

Cellular Voicemail? Yes No

Work Voicemail? Yes No

- **PLEASE NOTE:** If a person is not listed here, by law we are required to protect your information. We will not discuss any information pertaining to your healthcare to any person not listed here. Please, list the names of any person(s) that may be involved in your healthcare that we may be permitted to discuss your medical status with.

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

- **Pharmacy Information**

Name: _____

Address: _____

Phone Number: _____

I hereby acknowledge that I have been presented with a copy of RWJ OBGYN Associates Notice of Privacy Practices

Patient Name (PRINT): _____ **Date:** _____

Signature: _____ **Relationship:** _____



Medicaid Policies

I, (Print Name) _____ do hereby affirm and acknowledge that I have been fully informed the RWJ OB/GYN Associates, P.A. does **NOT** participate with any and all Medicaid policies in the United States.

I understand that after my commercial insurance plan has processed claims, I will be responsible for any and all balances resulting from co-insurance, co-pays, and deductibles for services provided by RWJ OB/GYN Associates, P.A., as per my insurance plan's contract with me.

I also acknowledge that nothing can be submitted to Medicaid either by the provider or me.

Patient Signature: _____

Date: _____



Policies for Payment of Obstetrics Services

Welcome to Robert Wood Johnson Obstetrics and Gynecology and congratulations on your pregnancy! We have three convenient locations in Kendall Park, Manalapan, and Lakewood. We are considered to be one of the top OBGYN practices in New Jersey. Our doctors and nurses are committed to providing you the best pregnancy and birth experience for each of our patients.

Your insurance policy is unique to you, and we do not know all of your benefits. Many policies have co-pays, deductibles, and co-insurance attached to radiology and lab services, including any hospital services. **It is YOUR RESPONSIBILITY to verify your policy with your insurance company.**

Listed below are common CPT (Common Procedural Terminology) codes used during pregnancy. Please feel free to check the codes with your insurance company to determine your responsibility.

- Prenatal Care & Vaginal Delivery CPT: 59400
- Prenatal Care & Cesarean Section CPT: 59510
- Ultrasounds CPT: 76801, 76811, 76813, 76815-7, 76819
- Non-Stress Test (NST) CPT: 59025
- Circumcision CPT: 54150

Our fees include routine prenatal visits, delivery, and post-partum follow up. This does NOT cover hospital visits, radiology/lab services, or circumcisions.

We require credit card information to be kept on file during your pregnancy. We will charge your credit card for any patient responsibility (such as deductibles, co-insurance, and co-pays) after we have received the explanation of benefits (EOB) from your insurance company after your delivery. A receipt will be forwarded to you for any patient balances paid.

Patient Name (PRINT): _____ **DATE:** _____

Credit Card Type: VISA Mastercard Discover **Billing ZIP Code:** _____

Credit Card No: _____ **Expiration Date:** _____

Patient Signature: _____

(Authorizing RWJ OB/GYN Associates P.A. permission to charge your credit card)



Registration for RWJ-Barnabas Hospital Services

Our practice currently delivers at Robert Wood Johnson/Barnabas Hospital at the New Brunswick site only. We cannot obtain hospital authorization if you do not provide the most current and correct insurance information to the hospital. Unless you provide all insurance information to the hospital, you may NOT be covered for obstetrical services provided by the physician. Therefore, you may be responsible for any services not paid by your insurance company.

Bottom line: **PLEASE, PROVIDE ALL CURRENT INSURANCE INFORMATION TO THE HOSPITAL!**

I read the information and understand the importance of providing all current insurance information to RWJ/Barnabas at New Brunswick, NJ.

Patient Signature: _____

Date: _____

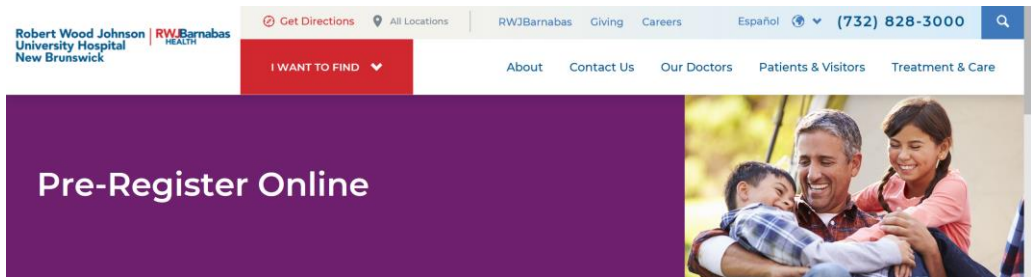


How to Pre-Register Online with RWJ/Barnabas Hospital at New Brunswick

1) Go to:

<https://www.rwjbh.org/rwj-university-hospital-new-brunswick/patients-visitors/pre-register-online/>

2)

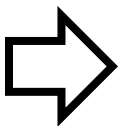


Pre-Register Online

Welcome to the Admissions and Registration Department at Robert Wood Johnson University Hospital, New Brunswick.

Our online pre-registration service allows Robert Wood Johnson University Hospital's pre-registration team to enter your personal and insurance information into our hospital system in advance of your visit, saving you valuable time during the day of your test or surgical procedure.

Call **1-844-RWJ4YOU (1-844-795-4968)**, Monday through Friday, between the hours of 8:00 a.m. and 8:00 p.m. and Saturdays, between the hours of 8:00 a.m. and 3:00 p.m. A member of our pre-registration team will confidentially take your personal and insurance information over the phone.



Click here to fill out our secure online pre-registration form at your convenience, 24 hours a day, 7 days a week.



Prenatal Guidelines

Seat Belt

Pregnant women should continue wearing three-point seat belts during pregnancy. The lap belt is placed across the hips and below the uterus; the shoulder belt goes between the breasts and lateral to the uterus.

Exercise

Healthy women with uncomplicated pregnancies should continue to exercise during pregnancy. If you have not been exercising, the addition of walking, swimming, light and low-impact aerobic activity 30 minutes per day, five days a week, should become part of your routine. Please, **AVOID** exercises involving heavy lifting, push-ups, sit-ups, lunges, and squats.

Oral Health

Prevention, diagnosis, and treatment of oral conditions should **NOT** be deferred because of pregnancy. Dental x-rays (if needed with shielding of the abdomen and thyroid) and procedures such as local anesthesia, dental extraction, root canal, restoration (amalgam or composite) of untreated caries, flossing, and scaling/planning of plaque/biofilm are not harmful to the fetus.

Hot tubs, Saunas, and Pools

Hot tubs and saunas probably should be **AVOIDED** during the first trimester because maternal heat exposure has been associated with neural tube defects.

Sexual Activity

Sexual intercourse is safe during pregnancy unless you have been told by your physician to abstain for reasons associated with vaginal bleeding, ruptured membranes, or premature labor.

Airline Travel

Women with complicated pregnancies that may be exacerbated by flight conditions or require emergency care should avoid air travel. All airline travelers should maintain hydration and periodically move their lower extremities to avoid blood clots. Air travel is NOT recommended beyond 34 to 36 weeks of pregnancy.

Hair Treatments

There are no good studies on occasional use of hair products during pregnancy. Exposure to hair dyes or hair products results in very limited systemic absorption, unless scalp skin is compromised by disease. However, chemicals should be avoided if possible during pregnancy.

Nutrition

A healthy, well-balanced and low-fat diet is recommended. If you are too sick in the beginning of your pregnancy, eat smaller, more frequent meals and keep liquid separate. Water is important in a good diet. Water can help decrease constipation, swelling, and help prevent dizziness and preterm contraction due to dehydration. Drinking 10-12 glasses of water per day is recommended, or enough to produce clear urine.

Moderate caffeine consumption (less than 200mg per day) is safe in pregnancy. For reference, one cup of 8oz brewed coffee has 137mg of caffeine.

Fish Consumption

Pregnant women are advised to eat only cooked fish to avoid potentially harmful organisms. Fish may be contaminated by environmental pollutants, such as methylmercury. Methylmercury exposure, primarily through ingestion of contaminated fish, can cause severe central nervous system damage, as well as milder intellectual, motor, and psychosocial impairment.

For this reason, the FDA and Environmental Protection Agency recommend that pregnant women (or women who might become pregnant or who are nursing) should:

1. Avoid eating any shark, swordfish, king mackerel, or tilefish because they may contain high levels of mercury.
2. Eat up to 12 ounces (two average meals) a week of a variety of fish and shellfish that are lower in mercury. Commonly fish that are low in mercury include shrimp, salmon, pollock, and catfish. Albacore (white) tuna has **MORE** mercury than canned light tuna, therefore consumption of albacore tuna should be limited to 6 ounces (one average meal) of the total.
3. Check local advisories about the safety of fish caught in local lakes, rivers, and coastal areas. If no advice is available, up to 6 ounces (one average meal) per week of fish caught in local waters may be consumed, but additional fish consumption should be avoided that week.
4. Tuna steaks should be limited to 6 ounces per week.
5. For more information, visit <http://www.fda.gov/Food/FoodborneIllnessContaminants/Metals/ucm393070.htm>

Alcohol, Cigarettes, and Illicit drugs

Maternal alcohol consumption, smoking, or use of illicit drugs can be harmful to the fetus. Pregnant women should completely stop using these substances.

Food safety

Foodborne illnesses can cause maternal disease as well as congenital disease, miscarriage, premature labor, and fetal death. To reduce the risk of foodborne illness, it is important that pregnant women:

1. Consume only meats, fish, and poultry (including eggs) that are fully cooked.
2. Avoid unpasteurized dairy products.
3. Thoroughly rinse fresh fruits and vegetables under running water (about 30 seconds) before eating
4. Avoid eating raw sprouts (including alfalfa, clover, radish, and mung bean). Bacteria can get into sprout seeds through cracks in the shell; these bacteria are nearly impossible to wash out.
5. Wash hands, food preparation surfaces, cutting boards, dishes, and utensils that come in contact with raw meat, poultry, or fish with hot, soapy water. Countertops can be sanitized by wiping with a solution of one teaspoon liquid chlorine bleach per quart of water and leaving to dry over 10 minutes.

Infection precautions

Some infections are potentially harmful in pregnancy and interventions should be taken to minimize the risk of these infections. In general, pregnant women should avoid contact with people with febrile illnesses that could be contagious and should practice good hand hygiene.

1. **Influenza (flu)** vaccination is recommended for women who are or will be pregnant during the influenza season, regardless of stage of pregnancy. For more information, visit <https://www.cdc.gov/vaccines/pregnancy/pregnant-women/index.html>.
2. **Tetanus, diphtheria, pertussis (Tdap)** is recommended in the third trimester of each pregnancy from 28 to 36wks, regardless of prior vaccination.
3. Given an association between **Zika** virus exposure during pregnancy and congenital microcephaly, pregnant women are advised to consider postponing travel to areas with ongoing mosquito transmission of Zika virus. Women who must travel are advised to take precautions against mosquito bites including wearing long-sleeved shirts and pants, staying in places with air conditioning, sleeping under a mosquito net, and using approved insect repellent. In addition, pregnant women whose male partners have travelled to affected regions should abstain from sexual activity (vaginal, anal, and oral sex) or use condoms for the duration of the pregnancy. For more information, visit <https://www.cdc.gov/zika/pregnancy/>
4. Women who are pregnant or planning pregnancy should avoid contact with all rodents. If possible, you should avoid changing cat litter that can contain parasites associated with toxoplasmosis.

Medications Commonly Used in Pregnancy

Some medications are safe to take during pregnancy. But others are not, or their effects on your baby may not be known. When you meet your doctor to confirm you're pregnant, ask what meds are OK to take and what meds you need to find alternatives for. Also, tell your doctors about any alternative medicines or supplements you take, even if the label says 'natural.'

The following guidelines should be used when choosing medications and should be taken as directed on the label.

Problem	Safe medicine to take when pregnant
Heartburn & Bloating	Antacids for heartburn (Maalox, Mylanta, Roloids, Tums, Pepcid, Zantac) Gas pains (Gas-X, Maalox Anti-Gas, Mylanta Gas, Mylicon)
Cough or cold	Guaifenesin, an Expectorant (Hytuss, Mucinex, Naldecon Senior EX, Robitussin AC) Vicks VapoRub NOT SAFE TO TAKE: Cold remedies that contain alcohol The decongestants pseudoephedrine and phenylephrine, which can affect blood flow to the placenta in FIRST trimester
Pain relief, headache, & fever	Acetaminophen (Anacin Aspirin-Free, Tylenol, Shake that Ache) NOT SAFE TO TAKE: Ibuprofen and aspirin unless prescribed by physician.
Allergy relief	Chlorpheniramine, an antihistamine (Chlor-Trimeton allergy tablets) Loratadine, an antihistamine (Alavert, Claritin, Zyrtec, Tavist ND, Triaminic Allerchews) Diphenhydramine, an antihistamine (Banophen, Benadryl, Diphenhist, Genahist)
Constipation and hemorrhoids	Psyllium (Konsyl-D, Metamucil, Modane Bulk, Perdiem) Polycarbophil (Equalactin, Fiber-Lax, FiberNorm, Konsyl-Fiber, Mitrolan)

	Methylcellulose (Citrucel, Unifiber) Other laxatives and stool softeners (Miralax, Colace, Dulcolax, Maltsupex, Move It Along, Milk of Magnesia) Hemorrhoid creams (Anusol, Preparation H, Tucks)
Insomnia	Diphenhydramine (Benadryl, Maximum Strength Unisom SleepGels, Nytol, Sominex, Eazze the Pain!) Doxylamine succinate (Unisom Nighttime Sleep-Aid)