



**Health Education Print Materials  
Fax Request to: (951) 280-8218**

Today's Date: \_\_\_\_\_

| REQUESTING PROVIDER INFORMATION |                 |
|---------------------------------|-----------------|
| Name:                           | Phone#: (     ) |
| Address:                        | Contact Name:   |

- A maximum of 25 pieces per topic and no more than 10 topics may be ordered at one time.

| CONDITION SPECIFIC HEALTH EDUCATION TOPICS  |          |                            |
|---|----------|----------------------------|
| Condition Specific Topics   | Quantity | *Language/Format Requested |
| Age Specific Anticipatory Guidance (Specify age range)                                      |          |                            |
| Alcohol & Drug Abuse  |          |                            |
| Anxiety   |          |                            |
| Asthma  |          |                            |
| Complementary and Alternative Medicine  |          |                            |
| Dental Health - Pediatrics  |          |                            |
| Dental Health - Adult   |          |                            |
| Diabetes  |          |                            |
| Emergency Room Use  |          |                            |
| Exercise/Physical Activity  |          |                            |
| Family Planning   |          |                            |
| High Blood Pressure   |          |                            |
| HIV Prevention  |          |                            |
| Immunizations   |          |                            |
| Injury Prevention   |          |                            |
| Lead Poisoning Prevention   |          |                            |
| Nutrition   |          |                            |
| Obesity/Weight Mgmt.  |          |                            |
| Parenting   |          |                            |
| Pregnancy & Breastfeeding   |          |                            |
| Preventive Health Guidelines & Recommended Immunization Schedule for Adults                 |          |                            |
| Preventive Health Guidelines & Recommended Immunization Schedule for Children & Adolescents |          |                            |



|  |          |                            |
|--|----------|----------------------------|
| Preventive Health Guidelines & Recommended Immunization Schedule for Medicare Members                            |          |                            |
| STD Prevention   |          |                            |
| Staying Healthy (Specify Age Range) <i>New Tools &amp; Tip Sheets for implementation April 1, 2014 available</i> |          |                            |
| Smoking Prevention & Cessation   |          |                            |
| Women's Health:  |          |                            |
| Mammograms   |          |                            |
| Pap Tests  |          |                            |
| Condition-Specific Topics (Other)  | Quantity | *Language/Format Requested |
|  |          |                            |
|  |          |                            |
|  |          |                            |

*\*All listed topics are available in English and Spanish. Some topics are also available in Chinese, Vietnamese, Russian, Hmong, Armenian, Farsi, Korean, Tagalog, Arabic, and Khmer. Alternative formats may also be available; large print, Braille and audio.*