



# Health Education Materials Request Form

Administrative Offices: 600 City Parkway West, Suite 800, Orange, CA 92868 | 714.796.5730

The following is a list of health education materials in the state-mandated topics. The materials are available in English and Spanish. Prospect Medical will assist you in obtaining materials in other languages as well as alternative formats, including audio, Braille and large print.

***Please indicate the topics and languages for materials you wish to receive.***

TOPIC	ENGLISH	SPANISH	OTHER*	TOPIC	ENGLISH	SPANISH	OTHER*
Age-Specific Guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perinatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complementary and Alternative Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Prevention and Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staying Healthy Assessment Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/STD Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Resource Directory	<input type="checkbox"/> Resource Directory		
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Injury Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpreter Service Sign	<input type="checkbox"/> Laminated Sign		

\* Specify Other Language(s): \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please Fax Request Form to (714) 560-7368**

***For staff use only***

Date request received: \_\_\_\_\_ By: \_\_\_\_\_

Date mailed/delivered: \_\_\_\_\_ By: \_\_\_\_\_