

 **PROVIDER REQUEST FORM – ALLIANCE WELLNESS PROGRAMS & MATERIALS**

Alameda Alliance for Health (Alliance) provides health education at no cost. Please check off the topics that you want us to send your patients covered by the Alliance. You can also request the handouts in other formats. Many handouts can be downloaded at www.alamedaalliance.org.

 **BOOKS**

- Cookbook (*choose one*):
 - Diabetes Healthy Eating
- What to do When Your Child Gets Sick

 **CLASSES & PROGRAM REFERRALS**

- Asthma
- Alcohol and Other Substance Use
- Breastfeeding Support
- CPR/First Aid
- Diabetes
- Healthy Weight
- Heart Health
- Parenting
- Pregnancy and Childbirth
- Quit Smoking
(*please have Smoker's Helpline call them*)
- Senior Centers/Programs
- WW (*formerly Weight Watchers*)

 **MEDICAL ID BRACELETS OR NECKLACE**

- Asthma
 - Adult Child
- Diabetes
 - Adult Child

 **WRITTEN MATERIALS**

- Advanced Directive
(*medical power of attorney*)
- Alcohol and Other Substance Use
- Asthma:
 - Adult Child
- Back Care
- Birth Control and Family Planning
- Breastfeeding
- Car Seat Safety
- Diabetes
- Domestic Violence
- Exercise
- Healthy Eating
- Heart Health
- Parenting
- Pregnancy and Childbirth
- Quit Smoking
- Safety:
 - Adult Baby Child Senior
- Sexual Health
- Stress and Depression

Provider Name: _____ Provider Clinic: _____

Provider Phone: _____ Provider Fax: _____

Member Name: _____ Alliance ID Number: _____

Address to Mail Materials to: _____

City: _____ Zip: _____

Language Preferred: Chinese English Spanish Vietnamese

To order, fax this form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Fax: **1.877.813.5151** • Phone Number: **1.510.747.4577**

Email (send secure): livehealthy@alamedaalliance.org