

# Alameda Alliance for Health Wellness Programs & Materials



**Provider Request Form** – Alameda Alliance for Health (Alliance) provides health education to our members at no cost. Please select from the topics below the written materials that you want us to send to you or your patients. Contact us to request these materials in other formats, or for bulk order materials for your clinic or office. The classes and programs listed are available for Alliance members. More information and tools for living healthy can be found at [www.alamedaalliance.org](http://www.alamedaalliance.org).



## Classes & Program Referrals

- Asthma
- Breastfeeding Support
- Diabetes **(type 1 or type 2)**
- Diabetes Prevention Program **(prediabetes)**
- Healthy Eating, Exercise, and Weight
- Heart Health
- Parenting
- Pregnancy and Childbirth
- Quit Smoking  
*(We partner with Kick It California and Asian Smokers' Quitline. If this box is marked, they will call the member directly. A valid phone number is required.)*

## Medical ID

- Choose ID Type:
- Bracelet       Necklace
- Choose condition(s):
- Asthma
    - Child       Adult
  - Diabetes
    - Child       Adult



## Written Materials

- Advance Directive *(medical power of attorney)*
- Alcohol and Other Substance Use
- Anxiety, Depression, and Stress
  - Child     Teen     Adult
- Applied Behavior Analysis (ABA)
- Asthma
- Back Pain
- Birth Control
- Breast Cancer Screening (bulk only\*)
- Cervical Cancer Screening (bulk only\*)
- Chronic Obstructive Pulmonary Disease (COPD)
- Cookbook (Multicultural Flavors)
- Diabetes
- Domestic Violence
- Healthy Eating, Exercise, and Weight
  - Child     Adult
- Heart Health
- Parenting
- Pregnancy
- Preventive Care
- Quit Smoking
- Safety
  - Child     Adult
- Sexual Health

*\*Please Note: Bulk only materials will be mailed to the provider's clinic or office.*

Provider Name: \_\_\_\_\_ Member Name: \_\_\_\_\_  
 Provider Clinic Name: \_\_\_\_\_ Alliance Member ID Number: \_\_\_\_\_  
 Provider Phone Number: \_\_\_\_\_ Member Phone Number: \_\_\_\_\_  
 Provider Fax Number: \_\_\_\_\_ Member Address: \_\_\_\_\_  
 Preferred Language: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**To order, complete this form and mail or fax it to:**

### Alliance Health Programs

1240 South Loop Road, Alameda, CA 94502

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

