

To enroll in Health Education classes, please provide the information below. Fax request to the number above.

## Member Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SCFHP ID: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

## Physician Information

Referring Physician: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- Classes and materials may be available in English, Spanish, Vietnamese, Chinese, and Tagalog.
- All classes require pre-registration.

<p style="text-align: center;"><b>Chronic Disease Self-Management</b></p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Chronic Disease/Condition Management (High Blood Pressure, Heart Disease, Arthritis, etc.)</p>	<p style="text-align: center;"><b>Parent Education</b></p> <p><input type="checkbox"/> Basic Parenting</p> <p style="text-align: center;"><b>Prenatal Education</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Child Birth Preparation  <input type="checkbox"/> Prenatal Breastfeeding  <input type="checkbox"/> Car Seat Safety         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Infant Care  <input type="checkbox"/> Infant &amp; Child CPR         </td> </tr> </table>	<input type="checkbox"/> Child Birth Preparation <input type="checkbox"/> Prenatal Breastfeeding <input type="checkbox"/> Car Seat Safety	<input type="checkbox"/> Infant Care <input type="checkbox"/> Infant & Child CPR
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<p style="text-align: center;"><b>Counseling &amp; Support Service</b></p> <p><input type="checkbox"/> Stress Management</p> <p><input type="checkbox"/> Anger Management</p> <p><input type="checkbox"/> Group Counseling &amp; Support</p>	<p style="text-align: center;"><b>Safety Programs</b></p> <p><input type="checkbox"/> Infant &amp; Child First Aid</p> <p><input type="checkbox"/> Infant &amp; Child CPR</p> <p><input type="checkbox"/> Car Seat Safety</p>		
<p style="text-align: center;"><b>Exercise &amp; Fitness</b></p> <p><input type="checkbox"/> Summer Swimming Lessons (Ages 6 mo. – 18 years)</p> <p><input type="checkbox"/> Open Gym (All Year. Ages 13+)</p>	<p style="text-align: center;"><b>Smoking Cessation</b></p> <p><input type="checkbox"/> Quit Smoking</p> <p><input type="checkbox"/> Smoker's Helpline</p>		
<p style="text-align: center;"><b>Nutrition &amp; Weight Management</b></p> <p><input type="checkbox"/> Family Nutrition Education</p> <p><input type="checkbox"/> Weight Watchers          BMI: _____ Goal Weight: _____</p>	<p style="text-align: center;"><b>Other (Please specify)</b></p> <p><input type="checkbox"/> Sexual Health Information</p> <p><input type="checkbox"/> Health Education Materials:</p> <p>_____</p> <p>_____</p>		