

Healthy Families Line 1-800-369-2229

Brochure Order Form

Brochure #	Brochure Title	Quantity
EDC 0051	Teen Line Brochures	
EDC 0052	Healthy Families Line Brochures	
EDC 0052(S)	La Linea Healthy Families	
IDPH 0004	Birth Control: Facts*	
IDPH 0004(S)	Los metodos de control de la natalidad*	
IDPH 0005	101 Ways to Make Love Without Doin' It*	
IDPH 0011	Title X Family Planning Brochure*	
IDPH 0011(S)	Titulo X Servicios De Planificacion Familiar En Iowa (Title X Family Planning)*	
IDPH 0016	Abstinence, Think About It*	
IDPH 0026 VID	You Are Not Alone... Making an Informed Decision	
IDPH 0027	You Are Not Alone... Making an Informed Decision (youth workbook)	
IDPH 0030	Emergency Contraception*	
IDPH 0042	Birth Control: Talking with Your Parents*	
IDPH 0067	Stress and Parenting	
IDPH 0068	50 Things You Can Do to Help Your Child Stay Healthy	Out of stock
IDPH 0075	Your Pelvic Exam*	
IDPH 0075(S)	El examen pelvico*	
IDPH 0099	Anticoncepción de Emergencia	
IDPH 0101	Sexual Responsibility - Talking w/Your Teen*	
IDPH 0102	Condoms How to Use Them*	
IDPH 107	Sexually Trasnmitted Diseases*	
IDPH 107(S)	Enfermedades Transmitidas Sexualment*	
IDPH 0130	What I Really Mean When I Say No to Sex*	
IDPH 0131	Infant Hearing Screening – A Sound Beginning for Your Baby	
IDPH 0131(S)	Infant Hearing Screening (Spanish version)	
IDPH 0131X	Iowa's Early Hearing Detection and Intervention Program...	
IDPH 0141	Baby Blues: Mood Changes Right After Your Baby is Born Are Normal	Out of stock
IDPH 0147	Before You Get Pregnant – Planning is the Key	Out of stock
IDPH 0158	I'm Sick Activity Book	
IDPH 0159	Getting School Ready in Iowa	
IDPH 0159(S)	Getting School Ready in Spanish	
IDPH 0171	Period of Purple Crying - Video	
IDPH 0171(S)	Period of Purple Crying - Video Spanish	
	Period of Purple Crying - Community Flyer	
	Perinatal Depression Bookmark	
*	*Understanding Shaken Baby Syndrome	
IDPH 0172	Remember...Stay calm bookmarks (unit= 50)	
IDPH 0172(S)	Remember...No pierdas la calma bookmark (unit=500)	

* Available to AEA's and Maternal Health Agencies

Name: _____
 Agency: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____