



WANT MORE?

Would you like more information about your health? We will send you educational materials on any of the topics below. Take a minute to fill out the form.

*Please note: we are only able to send materials to members that are currently active with Health Plan of Michigan.

- | | |
|---|---|
| <input type="checkbox"/> ASTHMA IN PREGNANCY | <input type="checkbox"/> QUIT SMOKING KITS |
| <input type="checkbox"/> ASTHMA IN CHILDREN | <input type="checkbox"/> 2 ND HAND SMOKE |
| <input type="checkbox"/> BREASTFEEDING | <input type="checkbox"/> NUTRITION |
| <input type="checkbox"/> BIRTH DEFECTS | <input type="checkbox"/> HOME SAFETY |
| <input type="checkbox"/> CARING FOR YOUR NEWBORN | <input type="checkbox"/> PRETERM LABOR |
| <input type="checkbox"/> CHILDREN'S SPECIAL HEALTHCARE SERVICES | <input type="checkbox"/> DOMESTIC VIOLENCE |
| <input type="checkbox"/> POSTPARTUM DEPRESSION | <input type="checkbox"/> GESTATIONAL DIABETES |
| <input type="checkbox"/> SUDDEN INFANT DEATH SYNDROME | |
| <input type="checkbox"/> HIGH BLOOD PRESSURE IN PREGNANCY | |
| <input type="checkbox"/> SAFE SLEEP FOR NEWBORNS | |
| <input type="checkbox"/> LEAD IN PREGNANCY | |
| <input type="checkbox"/> LEAD TESTING IN CHILDREN | |

NAME _____

ADDRESS _____

CITY, STATE, & ZIP _____

[CLICK HERE TO SEND TO HPM](#)