



Public Health Materials Order Form

The Boston Public Health Commission is offering education materials from its “Talk. You’ve got to start somewhere” campaign. We are committed to providing this information quickly to community-based organizations in order to reach Boston residents. **Please fill out this form to let us know the quantity that you need.**



[] Postcards and Posters

Our postcards and posters have been very popular with teens and present scenarios which are familiar to adolescents. Postcards can be left for teens to pick up and take home and posters can be displayed around your organization. **Available in English only.**

Postcards Quantity: _____
Posters Quantity: _____

[] Parent’s guide to mental health resources

This 40 page guide has information for parents on how to pick the best services for their child, including chapters on self-help and support groups, counseling and therapy services, testing for special education, medication, emergency and intensive services and local resources.

in English Quantity: _____
in Spanish Quantity: _____

[] Parent’s guide to a child’s psychiatric hospitalization

This 64 page bilingual guide (English/Spanish) has information for parents whose child has to be hospitalized for a psychiatric illness. General enough to be used at any Massachusetts hospital, the book includes valuable information such as: what to expect, how hospitals ensure your child’s safety, how to ease the transition in and out of the hospital, your child’s treatment team, and more.

in English / Spanish Quantity: _____

NEW!

[] Understanding how teens behave emotionally, ages 13 to 15

This pocket size brochure has information on the typical behavior and emotional ‘ups and downs’ of a teen between 13 to 15. It offers tips on what you can do, when to be concerned and referral sources for help.

in English Quantity: _____
in Spanish Quantity: _____

Delivery Information

Your name: _____	Mail to (if different): _____
Organization: _____	Organization: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Please return this form to:

Sonya Purvis
Child & Adolescent Mental Health

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