Flu
What You Can Do

Information Summary for the Doctor

1. Main reason you are calling

2. Age 3. Temperature

4. Main symptoms

5. How long has the person been feeling sick?

6. Any breathing problems? ❑ Yes ❑ No ❑ Fast breathing ❑ Shortness of breath

7. Vomiting? ❑ Yes ❑ No If yes, how long?

8. Drinking fluids? ❑ Yes ❑ No If not, for how long?

9. Eating normally? ❑ Yes ❑ No

10. Sleeping normally? ❑ Yes ❑ No

11. What have you done to treat the illness?

12. Has the person traveled in the last week to ten days? ❑ Yes ❑ No

Where? When? With whom?

13. List chronic illnesses or medical conditions:

14. Pregnant?

15. List medicines for other illnesses or conditions:

16. Anyone else in the family sick? ❑ Yes ❑ No

Who? How long?

What symptoms?