

Flu

What You Can Do

Information Summary for the Doctor

1. Main reason you are calling

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2. Age

3. Temperature

.....

4. Main symptoms

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5. How long has the person been feeling sick?

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

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

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

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9. Eating normally? Yes No

.....

10. Sleeping normally? Yes No

.....

11. What have you done to treat the illness?

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

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Where?

When?

With whom?

.....

13. List chronic illnesses or medical conditions:

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14. Pregnant?

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15. List medicines for other illnesses or conditions:

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16. Anyone else in the family sick? Yes No

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Who?

How long?

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What symptoms?

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