## Flu
### What You Can Do

### Information Summary for the Doctor

1. **Main reason you are calling**

2. **Age**  
   **Temperature**

3. **Main symptoms**

4. **How long has the person been feeling sick?**

5. **Any breathing problems?**  
   - [ ] Yes  
   - [ ] No  
   - Fast breathing  
   - Shortness of breath

6. **Vomiting?**  
   - [ ] Yes  
   - [ ] No  
   - If yes, how long?

7. **Drinking fluids?**  
   - [ ] Yes  
   - [ ] No  
   - If not, for how long?

8. **Eating normally?**  
   - [ ] Yes  
   - [ ] No

9. **Sleeping normally?**  
   - [ ] Yes  
   - [ ] No

10. **What have you done to treat the illness?**

11. **Has the person traveled in the last week to ten days?**  
    - [ ] Yes  
    - [ ] No

    Where?  
    When?  
    With whom?

12. **List chronic illnesses or medical conditions:**

13. **Pregnant?**

14. **List medicines for other illnesses or conditions:**

15. **Anyone else in the family sick?**  
    - [ ] Yes  
    - [ ] No

    Who?  
    How long?

    What symptoms?