

SUBMIT

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Caller Intake Form | Flu Information and FAQs | Transfer Instructions

Greeting: "Thank you for calling Flu on Call™. My name is _____. Are you sick or caring for someone who is?"

Closing for Information Calls: "Thank you for calling Flu on Call™."

Please follow the new transfer instructions when completing a warm transfer. These instructions can be found on the Transfer Instructions tab on the Caller Intake.

Client/Caller Information

Caller Information [+/-]

Language Line Translation

Are you sick or caring for someone who is sick?
(select) ▼

Who is sick?
 Self
 Child
 Spouse/Partner
 Parent
 Other

Call Narrative
 Use these keywords Flu, Influenza, Pandemic, Sick, Fever, Virus, Information, Medication, Medicine, Doctor, Nurse, Antiviral, Drug, Safe, Risk, Symptom, Cough, Sore throat, Fatigue, Ache, Nausea, Side-effects, Emergency, Worried, Afraid, Clean, Disinfect, Vaccine, Vaccination, Parties, Events, Schools, Pets, Hands, Wash, Surfaces, Pork, Swine, Chicken, Water

Reason for call:
(select) ▼

If Other selected above, please add here:

Non Medical I&R
 Only fill this out if Non Medical Disposition Selected Above

Arts, Culture & Recreation
 Clothing, Personal and Household
 Disaster Services
 Education
 Employment
 Food & Meals
 Health Care
 Housing And Utilities
 Income Support & Assistance
 Individual, Family & Community Support
 Information Services
 Legal, Consumer & Public Safety
 Mental Health & Addictions
 Other Government/Economic Services
 Transportation
 Volunteers & Donations

Contact Information [+/-]

If sick, enter sick person's contact information. If not sick, enter the caller's contact information. If the sick person is a Minor, enter the adult's contact information.

How did you hear about Flu on Call?
(select) ▼

First Name

Last Name

Home Phone
 XXXX-XXX-XXXX

Race *
 How do you self-identify?
 (select) ▼

Gender *
 How do you self-identify?
 (select) ▼

What is the sick person's Date of Birth?
 MM/CC/YYYY

Age

If the Date of Birth is not available, please select from the list below.
 (select) ▼

Zip

Address Not Verified

City

County

State
 (select) ▼

Call Statistics

Referrals [+/-]

Service, Program, or Agency Referrals *

Enter the ID number below, or click on the Referral Search to search for the ID number. Do not only enter the name—it will not be saved, only the ID number is saved.

1. [Search] [Reset] Referral Search 1
 2. [Search] [Reset] Referral Search 2
 3. [Search] [Reset] Referral Search 3
 4. [Search] [Reset] Referral Search 4

[Information](#)
[Poison Control Centers](#)
 NOTE: FastTrack lists in yellow are shared with all agencies.

Call Closing for Information Calls and Disposition [+/-]

What would you have done differently if this service had not been available to you?
(select) ▼

Call Disposition *
 Handled (did not transfer)
 Advised to Hang up and Call 9-1-1
 Skill transfer to NE PCC
 Skill transfer to WI PCC
 Wrong number/Misdirected/Hung up/Dropped call

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