

Situation	CF Center		Primary Care Provider	
	Call	Visit	Call	Visit
If my child:				
Needs a well-child visit				x
Needs a routine immunization (shot)				x
Needs a flu shot		x	or	x
Has chickenpox			x	
Has a rash			x	
Needs a regular CF checkup		x		
If I think my child has:				
A cold / cough	x		or	x
Allergies				x
Bronchitis or pneumonia		x	or	x
Diarrhea				x
Stomach Ache	x		or	x