

# My Medication List

## 我的藥物清單



Name

姓名

Date of Birth

出生日期

Phone #

電話號碼

Primary Care Doctor (主治醫師)

Name/Phone # (姓名/電話號碼)

Emergency Contact (緊急連絡人)

Name/Relationship (姓名/關係)

Phone # (電話號碼)

Medical Conditions

醫療狀況

Allergies to Medications

藥物過敏

Medication Name 藥物名稱	Reaction 症狀
Example: Penicillin 例如: Penicillin	Rash 皮疹

Pharmacy/Drugstore

藥局/藥房

Name 名稱	City/State 城市/州別	Phone # 電話號碼
Example (例如): Walgreens	Manchester NH	(603) 123-4567

### How to use this medication list: (如何使用此藥物清單)

- Use this list to keep track of your prescription drugs, over-the-counter (OTC) drugs, inhalers, eye drops, cream, vitamins, herbal supplements (使用此清單來追蹤您的處方藥、成藥、吸入器、眼藥水、乳劑、維他命、草本藥丸)
- Update your medication list as changes occur (如有發生任何變動，更新您的藥物清單)
- Take this list with you to **ALL** doctor, hospital, and pharmacy visits (看醫生、去醫院、藥局時，攜帶此清單)
- Make copies for your family members (副本給您的家人)
- Keep this on you at **ALL** times (隨時隨身攜帶)

### Questions to ask about a new prescription: (關於新處方需詢問的問題)

- How much do I take, how often, and for how long? (我需要服用多少？多久服用一次？服用多長時間?)
- Should I take this medicine with food? (我應該和食物一起服用此藥物嗎?)
- Is it safe to drive after taking this medicine? (服用後開車是否安全?)
- What should I do if I forget to take it? (若忘記服用該怎麼辦?)
- How should I store the medication? (我應如何儲存此藥物?)

## Prescription Drug Label Example

MCPHS Pharmacy 1260 Elm Street Manchester, NH 03101		(800)-888-8168
RX# 123456 Jane Smith 123 Main Street. USA	Date: 7/1/2013 Dr. M. Jackson	
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY FOR DIABETES		
Metformin 500 mg Tablet Qty: 90	NDC: 00123-4567-89	
Refills: 0 until 7/10/2013	Discard after: 8/10/2013	

## Over-the-Counter (OTC) Drug Label Example

<b>Drug Facts</b>	
<b>Active ingredient (in each 5 mL)</b>	<b>Purpose</b>
Dextromethorphan polistirex equivalent to 30 mg dextromethorphan hydrobromide	Cough suppressant
<b>Uses</b>	
<ul style="list-style-type: none"> <li>▪ Temporarily relieves           <ul style="list-style-type: none"> <li>▪ cough due to minor throat and bronchial irritation as may occur with the common cold or inhaled irritants</li> <li>▪ the impulse to cough to help you get sleep</li> </ul> </li> </ul>	
<b>Directions</b>	
<ul style="list-style-type: none"> <li>▪ shake bottle well before use</li> <li>▪ measure only with dosing cup provided</li> <li>▪ do not use dosing cup with other products</li> <li>▪ dose as follows or as directed by a doctor</li> <li>▪ mL=milliliter</li> </ul>	
Adults and children 12 years and over	10 mL every 12 hours, not to exceed 20mL in 24 hours
Children 6 to under 12 years of age	5 mL every 12 hours, not to exceed 10 mL in 24 hours
Children 4 to under 6 years of age	2.5 mL every 12 hours, not to exceed 5 mL in 24 hours
Children under 4 years of age	Do not use

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(Include ALL prescription drugs, over-the-counter drugs, vitamins, and herbal supplements)

(包含所有處方藥、成藥、維他命、草本藥丸)

What I am taking 我正在服用	Strength 強度	How Many & How Often 量 & 頻率	Reason for Use 使用理由	When started 開始日期	Notes or special directions 備註或特別指示
Metformin	500 mg	1 tablet 3 times/day 1 粒 3 次/天	Diabetes 糖尿病	7/1/2013	examples using labels above 使用上述 標籤範例
Dextromethorphan	30 mg/5mL	10 mL every 12 hours 每12小時10 mL	Cough Suppressant 止咳		