SWEDISH

我的用藥記錄
My Medication Record

用藥人姓名 *Medication Record for*: _____

藥房 *Pharmacy:* _____ 電話 *Telephone*: _____

緊急聯絡人姓名 Emergency Contact Name: _____ 電話 *Telephone:* _____

用藥安全提示 Medication Safety Tips

1. 為每一位家庭成員设立一個用藥記錄。並隨時攜帶你的用藥記錄。

   Create a Medication Record for every family member. Keep the records with you at all times.

2. 定期更新您的用藥記錄 -- 尤其是你開始或停止用藥的時間和日期。當你停止服用一種藥物時，在該藥名上畫線，然後寫上停止用藥的時間和日期。

   Update your Medication Record regularly — especially when you start or stop a medication. When you stop taking a medication, draw a line through it and enter the date you stopped.

3. 將用藥記錄提供給你所在的診所，醫院或急診室醫生，以供參考。

   Share your Medication Record with every doctor you see in a clinic, hospital or emergency room.

4. 當醫生給你開新藥時，應該問醫生那是什麼葯？葯的作用是什麼？你需要吃多長時間？藥物可能會產生什麼副作用？

   When your doctor prescribes a new medicine, ask him/her what it is, why and for how long you are to take it, and if there may be side effects.

5. 向您的藥劑師詢問該藥是否可能與你所服用的其他藥物有相反作用。

   Ask your pharmacist if there may be interactions with other medicines you take.

6. 不要服用他人的藥物，也不與任何人分享你的藥物。

   Don't take anyone else's medicine and don't share yours with anyone else.

7. 不要服用任何已经過了期的藥物。

   Don't take any medications that have expired.

處方藥和非處方藥，營養補充劑 和 維生素
Prescription and Over-the-Counter Medications, Supplements and Vitamins

(使用本表格背面继续列出其他藥物名稱) *(Use the back of this form to list additional medications)*

藥物名稱和開始日期 NAME OF DRUG AND DATE STARTED	劑量（毫克/毫升） DOSE (mg/ml)	服用方法 HOW OFTEN/WHEN DO YOU TAKE?	药物功能 WHY DO YOU TAKE IT?

藥物名稱和開始日期 NAME OF DRUG AND DATE STARTED	劑量（毫克/毫升） DOSE (mg/ml)	服用方法 HOW OFTEN/WHEN DO YOU TAKE?	药物功能 WHY DO YOU TAKE IT?

已知的藥物過敏史（使用本表格背面继续列出其他過敏藥物名称）

Known Drug Allergies *(Use the back of this form to list additional drug allergies)*

藥物名称 NAME OF DRUG	當你服用此藥，你有什麼樣的反應？ WHAT REACTION DO YOU HAVE WHEN YOU TAKE THIS DRUG?