Welcome to our pharmacy. Please fill out this form so we can help you to the best of our ability.

مرحبا بكم في صيدليتنا. يرجى ملء هذه البيانات حتى نتمكن من مساعدتك.

I require medicine/assistance for

☐ Myself
☐ Someone else

☐ Adult
☐ Child

☐ Age ______
☐ Weight ______

Check all that apply for the person requiring medication/assistance

☐ Pregnant
☐ Breastfeeding
☐ Smokes cigarettes
☐ Allergies to medication. If so, please list medication and reaction

_______________________________________________________
_______________________________________________________

The person requiring assistance

☐ Takes prescription medication regularly
☐ Takes prescription medication occasionally
☐ Regularly take over-the-counter medication such as acetylsalicylic acid (Aspirin), acetaminophen (Tylenol), ranitidine (Zantac) etc.
☐ Regularly takes vitamins or herbal supplements such as calcium, vitamin D, iron supplements, etc.
☐ Brought medications to pharmacy.

I/someone else is requiring

☐ Condom
☐ Pregnancy test
☐ Ovulation kit
☐ Plan B
☐ To discuss birth control options
☐ Other reproductive/sexual health information

Adapted from document published by International Pharmaceutical Federation.
Created by Anan Ahmed, BSP, MSc candidate and Kelsey Dumont, BSP, ACPR; 2016.
The person requiring medication has the following issue(s):

- Pain  ألم
- Headache  صداع
- Backache  آلام الظهر
- Toothache  وجع الأسنان
- Earache  وجع الأذن
- Wound  جرح
- Cough  سعال
- Sinus pressure  ضغط الجيوب الأنفية
- Sore throat  إلتهاب الحلق
- Fever  حمى
- Less than a day  أقل من يوم واحد
- 1-2 days  واحد إلى يومين
- Greater than 2 days  أكثر من يومين
- Nausea and/or vomiting  الغثيان أو القيء
- Heartburn  حرقة في المعدة
- Constipation  الإمساك
- Diarrhea  إسهال
- Hemorrhoids  بواسير
- Menstrual cramps or pain  تشنجات الحيض أو ألم
- Vaginal yeast infection  عدوى الخميرة المهبلية
- Allergic reaction  حساسية - طفح جلدي أو انتفاخ
- Skin rash  الطفح الجلدي
- Warts  الثآليل
- Cold sore  القرحة الباردة
- Eye itchiness/soreness  حكة العين أو وعج
- Shortness of breath  ضيق تنفس
- Burn  حرق
- Sprain  التواء
- Has discussed issue(s) with physician  ناقش المشكلة مع الطبيب
- Has not yet discussed issue(s) to physician  لم يناقش مشكلة مع الطبيب
- The problem started:
  - Less than a day  أقل من يوم واحد
  - 1-2 days  واحد إلى يومين
  - Longer than 2 days  أكثر من يومين

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Thank you for the information you provided. شكرًا لك على المعلومات التي قدمتها.
You will receive a medication today for the reasons stated above سوف تحصل على الدواء اليوم للأسباب المذكورة أعلاه:

- □ For oral use لللاستخدام عن طريق الفم
- □ To apply on skin يوضع على الجلد
- □ For spraying in the nose للرش في الأنف
- □ For inhalation للاستنشاق
- □ A drop in the eye قطرة في العين
- □ To be inserted rectally يتم إدخال الدواء في الشرج
- □ For subcutaneous injection للاستنشاق
- □ For injection by doctor يتم إدخال الحقنة من قبل الطبيب
- □ To use as a shampoo للاستخدام مثل الشامبو

Instructions on how to take the medication:

<table>
<thead>
<tr>
<th>Take this medication regularly as instructed below</th>
<th>Take this medication only as needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Take __tablet/capsule times a day</td>
<td>□ Take this medication only as needed</td>
</tr>
<tr>
<td>□ Take/give _____ mL _____ times a day</td>
<td>□ Take this medication only as needed</td>
</tr>
<tr>
<td>□ Apply to affected area(s) _____ times a day</td>
<td>□ Take this medication only as needed</td>
</tr>
<tr>
<td>□ Spray _____ sprays into affected nostril(s)_____ times a day</td>
<td>□ Take this medication only as needed</td>
</tr>
<tr>
<td>□ Inhal _____ puffs _____ times a day</td>
<td>□ Take this medication only as needed</td>
</tr>
<tr>
<td>□ Instill _____ drops into affected eye(s)_____ times a day</td>
<td>□ Take this medication only as needed</td>
</tr>
<tr>
<td>□ Insert into rectum _____ times a day</td>
<td>□ Take this medication only as needed</td>
</tr>
<tr>
<td>□ Insert into vagina _____ times a day/weekly</td>
<td>□ Take this medication only as needed</td>
</tr>
<tr>
<td>□ Inject _____ units subcutaneously</td>
<td>□ Take this medication only as needed</td>
</tr>
<tr>
<td>□ Take this injection to your doctor’s office.</td>
<td>□ Take this medication only as needed</td>
</tr>
<tr>
<td>□ Apply medication to scalp and lather hair like a shampoo _____ times a day.</td>
<td>□ Take this medication only as needed</td>
</tr>
</tbody>
</table>

Additional instructions:

<table>
<thead>
<tr>
<th>□ Take in morning</th>
<th>□ Take at bedtime</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Take with food</td>
<td>□ Take with food. If you skip a meal, do not take this medication.</td>
</tr>
<tr>
<td>□ Take with a full glass of water</td>
<td>□ Take on an empty stomach. Do not eat within 2 hours of this medicine</td>
</tr>
<tr>
<td>□ May cause drowsiness</td>
<td>□ May discolor your urine or feces</td>
</tr>
<tr>
<td>□ Avoid using alcohol with this medication</td>
<td>□ Avoid taking with calcium, iron, or multivitamins within two hours of medication.</td>
</tr>
<tr>
<td>□ Shake well before use</td>
<td>□ Take/use at same time each day</td>
</tr>
<tr>
<td>□ Store at room temperature</td>
<td>□ Store in refrigerator</td>
</tr>
<tr>
<td>□ Take this medication only as needed</td>
<td>□ Take this medication only as needed</td>
</tr>
</tbody>
</table>

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Please contact the pharmacy if you have additional questions and/or concerns.

يرجى الاتصال بالصيدلية إذا كان لديك أسئلة و/أو مخاوف إضافية.