

英語友善藥局

English-Friendly Pharmacy
English Speaking Pharmacy

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課程大綱

- **Common challenges when facing foreign customers**
 - 如何理解並搜集外籍人士的問題？
 - 如何以簡潔好理解的英語進行溝通及問題分類？
 - 如何轉介？
- **How to conduct a patient interview in your pharmacy**
 - 如何以英文進行個案面談
 - 如何有效率的整理蒐集到的資料並且給予回饋
 - 如何進行基礎病人衛教
- **Strategies for improving the quality of patient education**
 - 理解外籍人士的需求
 - 給予有效率、適切的衛教
 - 針對不同外籍人士能給予個別化的衛教



Part I

Conversation with Foreign Customer

流程 & 對話

- Step 1: Greeting & Observe
- Step 2: Warm Welcome
- Step 3: Introducing Yourself **Most Important!!!**
- Step 4: Get to know patient's need & provide your service.
- Step 5: Closing/Goodbye

Step 1:

Observation 觀察辨識顧客類型

國籍 / 種族 / 區域

***Where are you from?**

(在*對的時機*時詢問)

- 亞洲/東南亞

或 **What's your nationality?**

- 日本/韓國/新加坡/馬來西亞/泰國

- 越南/菲律賓

1. 口音

2. 英文是否為母語

Do you speak English?

3. 文化背景/宗教

- 美洲

- 北美~ 美國/加拿大

- 中南美

- 歐洲

- 英國/法國/其他歐洲地區

- 其他地區

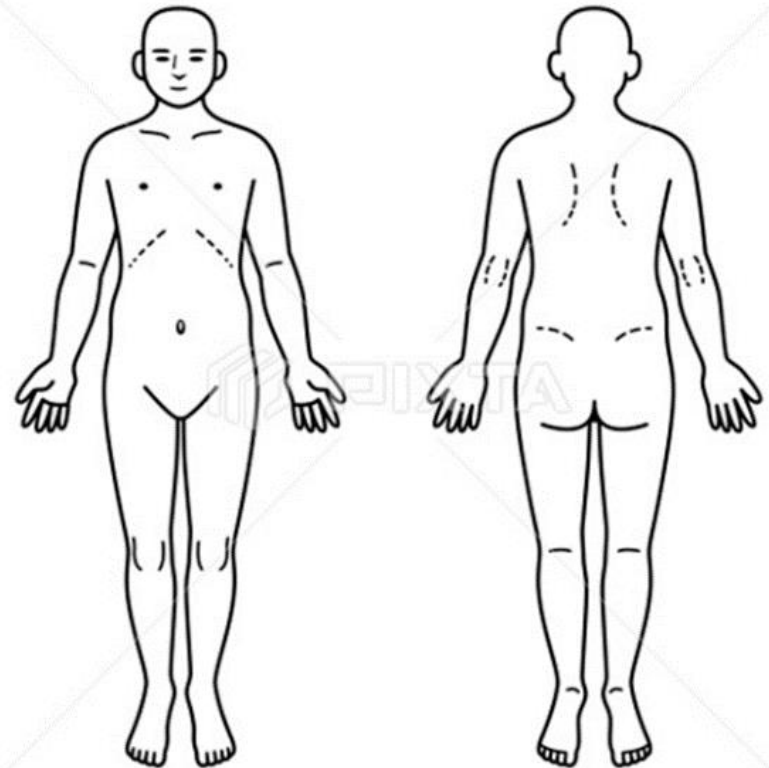
Step 1:

Observation 觀察辨識顧客類型

- 一次性顧客
 - 旅客/遊客/公務出差
 - Are you here for business?
 - Are you here for pleasure/holiday?
- 常客 or 未來可成為常客
 - 在附近居住/工作/醫師診所or醫院
 - Do you live/work around here?
 1. 是否有特殊狀況: **OTC/Rx**
 2. 可交流時間長短
 3. 可否建立長期關係
 4. 溝通/聊天內容不同

Step 1: Observe the person

- Use **visual observations**
 - From head to toe



Step 1:

Greeting & Everyday Conversation

- Good morning/ Good afternoon/
Good evening/ Good night
- Hello/ Hi / Hi, there

- How do you do?
- How are you?/ How are you doing?
- How have you been?/ How are
things?/ How's going? 常客/熟客

Step 1: Greeting & Everyday Conversation

Reply back:

- Fine (Thank you/ Thanks)/ I'm fine / Very well/ Good / All right/ So-so/ Okay/ Not bad

Step 2: Warm Welcome

- Welcome to my pharmacy.
- Welcome!

*** With a big smile

Very Important!!!



Step 3:

Most Important!!!

Introducing Yourself

Introduce your name

- My name is _____

Introduce your position

- I am your pharmacist.
- I am the pharmacist here.

Step 4:

Get to know patient's need

- How may (can) I help you?
- How may I serve you?
- What can I do for you?
- Is there anything I can do for you?
- What brings you here today?

VS.

- Why are you here?
- Why do you come to my pharmacy?
- Do you need any help?
- What do you need?
- What do you want?



Sample Opening Conversation

- RPh: Good morning! (Welcome to my pharmacy!) How are you today?
- Pt: Not bad, you?
- RPh:
 - I am fine, thank you!
 - Welcome to my pharmacy.
 - My name is Angela, I am the pharmacist here.
 - Is there anything I can do for you?
- Pt: Yes, I am not feeling well. I would like to buy some medicine.

確認顧客需求/情況

What brings you here today?

- 買日常用品 daily supplies
- 買營養補充品 supplements
- 詢問藥師問題 ask questions
- 買OTC (Over-the-counter medication/drug)
- Rx - Prescription drugs

確認顧客需求/情況

- Who is this for?
- Is this for yourself?
- 購買對象?
 - 幫自己買?
 - 幫他人買：家人/朋友/照護對象（長者/幼兒等）

FYI

- 全民健保: National Health Insurance
- 健保卡: NHI card, or Health Insurance Card
- 門診照護: Outpatient care
- 論服務量計酬: Fee-for-service
- 高診次病患: Frequent users of outpatient services
- 居家照護: Home nursing care/home care

FYI

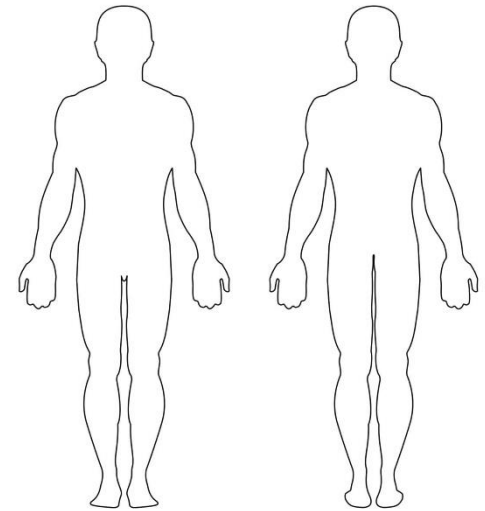
- 保險費: Premium
- 罕見疾病: Rare disease
- 慢性病連續處方箋: Refillable prescriptions for patients with chronic illnesses/ prescription refills
- 給付範圍: Benefit package
- 部分負擔: Copayment

Prescription drugs

- Do you have health insurance?
- May I have your NHI/health insurance card (,please)?
- May I have your prescription (,please)?
- Did you make another appointment with your doctor yet?

買OTC (Over-the-counter medication/drug)

- Signs and symptoms
 - What are your symptoms?
- Diseases (abbreviation)
- Body system
- OTC/Rx
- Departments/specialty



確認時間是否充裕

- 確認/釐清可以互動的時間有多少!
- Are you in a hurry?
- How much time do you have?
- Do you have some time to go over _____?
- Do you have _____ minutes?

-
- In order to serve you better/solve your problem, I would like to have/get more info about/know more about _____.
 - Your symptoms, concerns, problems
 - I would like to set up your profile in our system.
 - I would like to make sure _____.
 - I would like to give you the best recommendation.

Recommendation/Referral

- From what I heard, I recommend_____.
 - You go see a doctor
 - You purchase/buy xxx for your symptom
- From what you described, you may want to see a doctor.



Step 4:
Get to know patient's need

Patient Interview
(請參考Part II講義)

Step 5: Closing & Goodbye

- Goodbye/ Bye
- See you again (soon)/ See you later/ See you soon/ See you
- Have a nice day/ Have a nice weekend
- Take care
- Until next time...

Asking for Repetition - 1

- Excuse me? Pardon me?
 - I beg your pardon?
 - What was that you said?
 - Could you say that again, please?
 - Would you say that again, please?
 - Would you mind repeating that?
-
- Sorry, I didn't hear what you said.
Could you please repeat that?

Asking for Repetition -2

- Would you please repeat that?
- Would you mind saying that again?
- I didn't (quite) catch that.
- I didn't get that.
- I'm not following you.
- I am afraid that I didn't understand you fully.
- I missed that.
- I'm lost.

Making Requests -2

- Can you help me with this?
- Could you please?
- May I ask you?
- Is there anything I can do for you?
- Please

Offering to Do Something

- Do you want me to _____?
- Would you like me to _____?
- I'll _____, if you'd like.
- I'll be happy/ glad to _____,
if you'd like.
- I'd be happy/ glad to _____,
if you'd like.
- Let me (_____).
- Ex: would you like me to help you
finding the allergy medicine?

Offering to Help/Making an Offer -1

- (Do you) want/ need any help?
- (Do you) want/ need a hand?
- Can/may I help?
- Can/may I give you a hand?
- Would you like me to help you (with) _____?
- Do you want me to help you _____?
- I'd be glad/ happy to help you _____, (if you'd like).

Offering to Help/Making an Offer -2

- Let me help you _____ .
- Would you like any help _____ing?
- Can I do anything to help?
- Is there anything I can do to help?
- I'd be happy/ glad to give you a hand.
- I'd be happy/ glad to lend a hand.

Offering to Help/Making an Offer -3

- I'd be happy/ glad to help.
- Let me give you a hand.
- I'm happy to lend a hand.
- Let me _____ .
- Allow me to _____ .
- May I help you?
- Can I help you?
- Is there anything/ something in particular I can help you find?

Offering to Help/Making an Offer -4

- Is there anything/ something you're looking for in particular?
- Is there anything else I can help you with?
- Please let me know if I can be of any further assistance.
- Please feel free to call on me if I can be of any further assistance.
- If I can be of any further assistance, please don't hesitate to ask/ let me know.

Responding to an Offer

- If you don't mind.
- If you wouldn't mind.
- I don't want to trouble you.
- I don't want to trouble you/ bother you/ inconvenience you/ put you to any trouble/ put you out.
- Don't worry about it.
- That's okay/ all right.

Showing Gratitude

When patient praise you~ you reply:

- Thanks/ Thank you (for saying so).
- Thanks (very much).
- Thanks (for telling me).
- It's nice of you to say so/that.
- I'm very grateful.

Appreciation -1

- I appreciate it/ that.
- It's (vary) nice/ kind of you to offer.
- Thanks for offering.
- I appreciate your offering.
- That's (very) nice/ kind of you.
- That would be nice.
- You're very kind/ nice.

Appreciation -2

- I'm very grateful (to _____).
- I really appreciate it.
- I appreciate it very much.
- It was very nice of you (to _____).
- I can't begin to tell you how much I appreciate _____.
- I want to express my appreciation to _____.

Reply to Patient's Appreciation

- You're welcome.
- Don't mention it.
- No problem.
- Glad to be of help.
- I'm glad I could do it.
- I'm glad I could help.
- I'm glad I could be of help.
- (It was) my pleasure.
- It was nothing (at all).
- Any time.

Showing Sympathy

- That's too bad!
- That's a shame!
- What a shame!
- That's a pity!
- What a pity!
- I'm (very) sorry to hear about that.
- I'm (very) sorry.
- I'm so sorry.

Apologizing

- (Oh,) I'm sorry./Sorry about that.
- I apologize for saying that.
- I don't mean to make things difficult for you.
- I don't mean to make things complicated for you.
- I don't mean to complicate things.
- I don't mean to give you a hard time.

Forgiving

- It's O.K.
- Forget about it.
- Don't worry about it.
- No problem.



PRACTICE CONVERSATION CASE 1

Conversation -1

- RPh: Hi, how may I help you?
- Pt: Hi there, I'd like to pick up a prescription.
- RPh: Alright, please give me the prescription and your ID (or health insurance card).
- Pt: Here it is.
- RPh: Alright, thanks, one moment please.
- Pt: Also, there's something else I want to buy.
- RPh: OK, what do you need?

Conversation -2

- Pt: Do you have any anti-itch medication?
(或 anything for itch/bug bites)
- RPh: What kind of itch is it?
- Pt: The itch is due to bug bites.
- RPh: Oh, OK. There're some drugs down the third aisle.
- Pt: Alright! What does it look like?
- RPh: Well, there are many brands. Some can be used for more than just bug bites.
- Pt: Cool, thank you!

Conversation -3

- RPh: I'll have your prescription drugs ready shortly.
- Pt: Thanks! One more thing, my daughter hurt her wrist the other day. Maybe I should get a brace for her.
- RPh: There are some bandages and braces over there, if you'd like to take a look.
- Pt: Okay, I think I will. This pharmacy sure has a lot of helpful things.

Conversation -4

- RPh: Yes, it does. Do you own an emergency first aid kit?
- Pt: No, I don't. Should I get one?
- RPh: Yes, you should. They're extremely helpful. In fact, let me get one for you from the back.
- Pt: Perfect, thanks! I wonder if I need anything else...

Conversation -5

- RPh: Well, if you need anything, you can always come back here and ask.
- Pt: Alright, thanks. Is my prescription ready?
- RPh: Yeah, here it is. You're all set!
- Pt: Alright, thank you!
- RPh: Have a nice day!



**PRACTICE CONVERSATION
CASE 2**

Conversation -1



- C: Hello. My daughter has a bad cough and a runny nose. Can you recommend some medicine?
- RPh: We have several cough syrups. We often recommend _____ or its generic version _____. And this is a nose spray called _____.
- C: How much is each one?
- RPh: The brand name syrup is NT\$300 and the generic version is NT\$250, and the nose spray is NT\$225.



Conversation -2




- C: I'll take the generic syrup and nose spray, please.
- RPh: OK. Is there anything else you need today?
- C: Yes, some cough drops, please.
- RPh: We have these cough drops with mint or cherry flavor.
- C: Mint, please.
- RPh: OK, that will be total of NT\$_____.
- C: OK, here it is.
- RPh: Great, Thank you! Have a nice day.
- C: Thank you and you, too.



Part II

Patient Interview



In order to provide patient-centered care, a pharmacist should know more about their **patients** and their **cultures**,

especially

health and illness beliefs, attitudes, and practices



PATIENT INTERVIEWING TECHNIQUE



Effective, open-ended questioning and active listening

are essential skills for
obtaining information from and
sharing information with patients

Basic Personal Information -1

- Name

- What is your name?

(Make sure it's correct)**

- Is your name _____?

- Age/DOB

- What is your DOB?

- How old are you?

- Occupation

- What do you do?

- What is your occupation?

Basic Personal Information -2

- Contact information
 - What is your phone number/Mobile/cell phone number?
 - What is your current address?
- Emergency contact person & info
 - Who can I contact in case of emergency?
 - May I have the name/number of your emergency contact person?

History of Present Illness (HPI)

**Let patient describe the problem in their own words.

- What brings you here?
- How can I help you?
- What's the problem?
- What seems to be the problem?
- Has any medical help been given? Have you tried anything?

HPI- Duration

- How long has this condition lasted?
- How long do you have this problem?
- Did you experience the same problem before? When was the last time (how long ago) you had this problem?
- Is it similar to a past problem? If so, what was done at that time?

HPI- Severity/Character

- Does it interfere with your daily activities/daily life?
- Does it keep you up at night?
- Rate the problem (on the scale of 1-10, 1 been the least, 10 been the most)
- Describe the symptom
- How does this compare **with** _____
days/weeks/months ago?

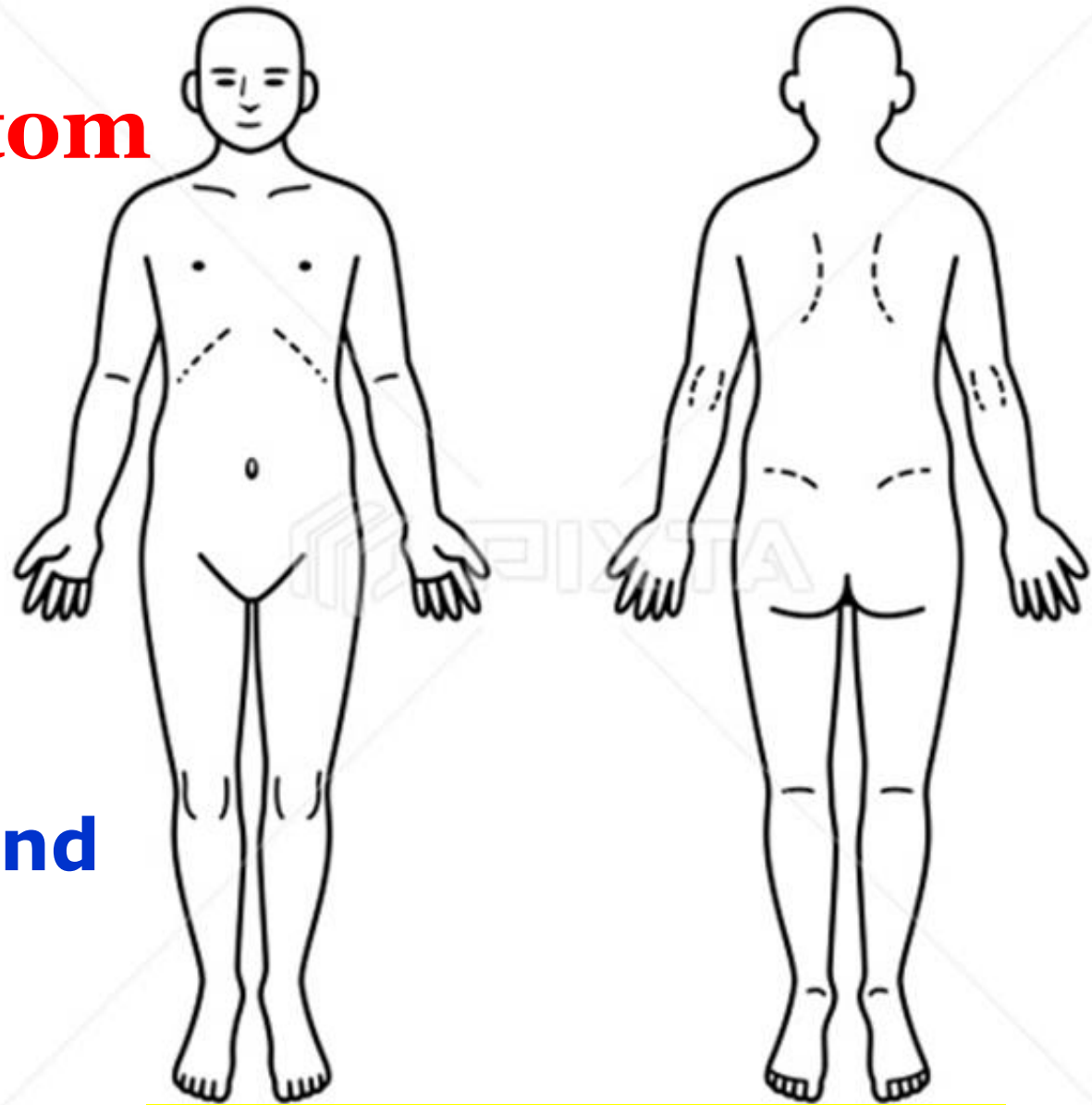
HPI- Location/Radiation

- Is the symptom (ex: pain) located in a specific place?
- Has this changed over time?
- Does it radiate to a specific area of the body?
- Have you tried any therapeutic maneuvers (anything)? What's made it better? (or worse)

HPI-Pace of illness

- Is the problem getting better, worse, or staying the same?
- If it's changing, what has been the rate of change?
- Are there any associated symptoms?
- What do you think the problem is? Or what are you worried it might be?
- Why do you come see me today?

HPI-Symptom



*請見後面補充
**Symptoms and
Conditions**

Review of System (ROS)

What are your symptoms?

HPI-Symptom -1

- Headache/head pain
- Fever/ Shiver/chill
- Pain
- Cough
 - Dry cough/ productive cough (cough with phlegm/ sputum)
- Shortness of breath
 - Difficulty breathing
 - Cannot breath
- Sore throat

HPI-Symptom -2

- Cold
- Runny nose/Stuff nose/nasal congestion
- Tired
- Heart
 - Chest pain
 - Palpitation

HPI-Symptom -3

- GI:
 - Diarrhea
 - Loss of appetite
 - Stomach ache/pain/cramps in the stomach/ abdomen
 - I've been sick/ throwing up/vomiting.
 - Indigestion
 - Peptic/ Gastric ulcer
 - Colicky pain
 - Bloating/ flatulence/ gas /gassy

Past Medical History

- Did you go see a doctor about this?
- What was the diagnosis?
- Have you ever received medical care? If so, what issues were addressed? Was the care continuous or episodic?
- Have you ever undergone any procedures, or other special testing?
- Have you ever been hospitalized?

Past surgical history

- Were you ever operated on, even as a child?
- Have you ever had any surgery before?
- What year did this occur?
- Were there any complications?
- Which hospital? What date?

Medications

- Do you take any prescription medicines?
- What is the dose and frequency?
- How often do you take it?
- How many times a day?
- Do you know why you are being treated?
- Does it work for you?
- Do you experience any unwanted effects?
- Any problem with these drugs?
- Do you take any OTC, “non-traditional”, herb medicines, supplements?
- Do you use any complementary therapy?

Medication history

- Are you taking any medication currently?
- Are you on the pills?
- Have you ever take these medicines before?
- Are these the same medicines that you had before?
- How do you normally take it?
- Is the dosage regimen still the same?

Allergies/reactions

- Do you have any allergy?
- Are you allergic to anything?
- Have you experienced any adverse reactions to
 - medication
 - Food/Food additives
 - Substance
 - Stings
- What were the symptoms?
- At what age?
- Have you ever take it again since then?

Asking about Allergy

- Are you allergic to any medication/medicines/drugs?
- Do you have any drug allergies?
- Have any medicines ever upset you?
- Have you ever allergic to any medicines/drugs?

Asking about Allergy

** If the patient is allergic to some medicine, we might continue asking these questions:

- How was it?
- What was the symptom? Was it Severe?
- How did you manage it?
- When did you have drug allergy? Have you ever take it again since then?

Social History

- Include:
 - Living situation. Do you live with your family?
 - Smoking history/tobacco use
 - Drinking history-alcohol use
 - Drug/substance abuse, illicit drug use
 - Sexual history
 - Marital status. Are you married?
 - Religious background. Do you have any religious belief? What kind?
 - Diet. Are you on any diet? Special diet?

Religious Background

- The major religions of the world:
 - Buddhism, Hinduism, Islam, Confucianism, Christianity, Taoism, and Judaism
- **Please tell me more about your religion...**

Special Diet

- The Paleo Diet.
 - The Vegan Diet.
 - Low-Carb Diets.
 - The Dukan Diet.
 - The Ultra-Low-Fat Diet.
 - The Atkins Diet.
 - The Blood Type Diet
 - The Mediterranean Diet
 - Raw Food Diet
- Are you on any diet?
Special diet?**
- Please tell me more
about this diet**

Alcohol Use

- Do you drink alcohol?
- How many glasses per day and what type of drink?
- How much do you consume over a week or month?
- Do you drink at home?
- Do you drink occasionally?

Obstetric (when appropriate)

- Have you ever been pregnant?
- How many times?
- What was the outcome of each pregnancy?
- How old is your child/children?

Sexual activity (when appropriate)

- Are you married?
- Are you sexually active?
- With same person or with different partners?
- Same or opposite sex?
- Do you use any means of birth control?
- Do you have children? Are they healthy?

Sample question to ask

- 通用問句~
- Have there been any recent changes to sleep, diet, tobacco, or alcohol use, exercise, any habit?

Family History

- How are your parents' health?
- How's the health of your brother/sister?
- If deceased, at what age?
- Any disease or condition that runs in your family? Including DM, HTN, kidney disease, heart disease, heart attack or stroke, asthma, allergies, cardiac rhythm problems, cancer, osteoporosis, mental health problems
- Ex: "I think my grandmother has high blood pressure."



Part III

Patient Consultation and Education

Pharmacists have to adapt messages
to fit

patients' **language skills** and
primary languages,

through the use of

teaching aids, interpreters, or
cultural guides

if necessary.

Pharmacists also need to
observe and interpret
(善用溝通技巧)

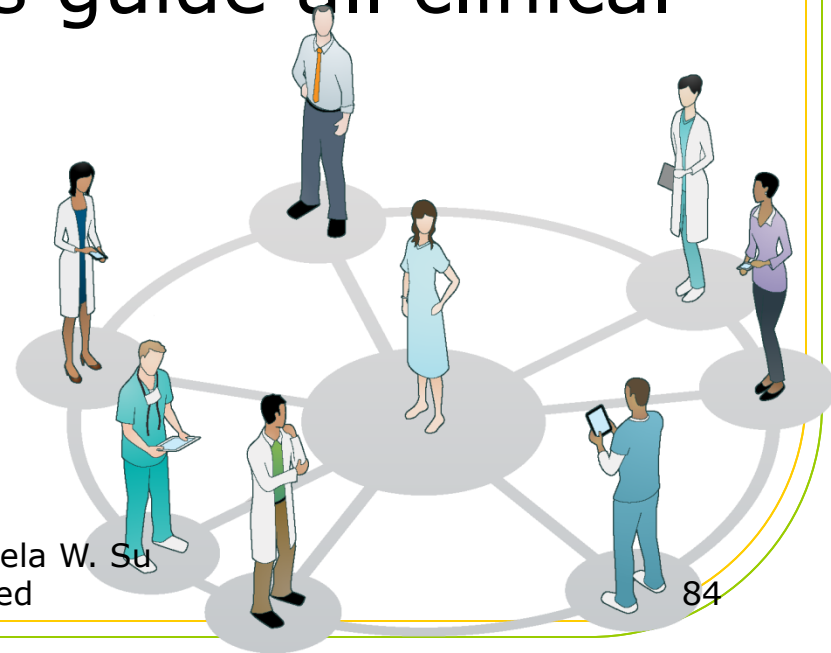
the **nonverbal messages** (e.g., eye contact, facial expressions, body movements, vocal characteristics) patients give during education and counseling sessions



PATIENT CONSULTATION

Patient-Centered Consultation

- Providing care that is **respectful of and responsive** to individual **patient preferences, concerns, needs and values**, and ensuring that patient values guide all clinical decisions.





CONTENT OF A EDUCATION AND CONSULTATION



EDUCATION AND CONSULTATION REGARDING DISEASE/ILLNESS

Disease

1. **Name** of the disease
2. The **disease state**: whether it is acute or chronic and its prevention, transmission, progression, and recurrence.
3. **Expected effects** of the disease on the patient's normal daily living.
4. Recognition and monitoring of **disease complications**.

Addressing Concerns about the Disease

- What is your point of view on this disease? (name of disease)
- What do you know about this disease?
- How do you feel about this disease/condition/your situation?
- What are your worries, if any?
- Does anyone else know about it?
- What kind of support do you need?



EDUCATION AND CONSULTATION REGARDING MEDICATION

Medication

1. The medication's **trade name**, **generic name**, common synonym, or other descriptive name(s) and, when appropriate, its **therapeutic class and efficacy**.

Medication

2. The medication's **use and expected benefits and action.**
 - This may include whether the medication is intended to cure a disease, eliminate or reduce symptoms, arrest or slow the disease process, or prevent the disease or a symptom.

Medication

3. The medication's expected **onset of action** and what to do if the action does not occur.
4. The medication's **route, dosage form, dosage, and administration schedule** (including duration of therapy).

Medication

5. Directions for **preparing and using or administering** the medication. This may include adaptation to **fit patients' lifestyles or work environments.**
6. Action to be taken in case of a **missed dose.**

Medication

7. **Precautions** to be observed during the medication's use or administration and the medication's **potential risks** in relation to benefits.
- For injectable medications and administration devices, concern about latex allergy, local reactions may be discussed.

Medication

8. Potential **common and severe adverse effects** that may occur.
 - **Actions** to prevent or minimize their occurrence, and actions to take if they occur, including notifying the prescriber, pharmacist, or other health care provider.

Medication

9. Techniques for **self-monitoring** of the pharmacotherapy.
10. Potential drug–drug (including nonprescription), drug–food, and drug–disease interactions or contraindications.

Medication

11. The medication's relationships to **radiologic and laboratory** procedures (e.g., timing of doses and potential interferences with interpretation of results).
12. Prescription **refill** authorizations and the process for obtaining refills. (one time only, long-term)

Medication

13. Instructions to contact a pharmacist.
14. Proper **storage** of the medication.
15. Proper **disposal** of contaminated or discontinued medications and used administration devices.
16. Any other information unique to an individual patient or medication.

Addressing Concerns

- What did doctor tell you about this medication/drug?
- What do you know about this drug?
- Do you know what this is for?
- Do you experience any problem with/ tell me more about the problem you are having with _____(drug) (prescribed for you)
- Your views about medicines prescribed for your _____ (disease).

Addressing Concerns

Can you tell me/please let me know ...

- What kind of support you would find helpful to increase your adherence to medicines?
- Have you missed any doses of your new medicine, or changed way you take it?
- When did you last miss a dose?

Choosing Effective Patient Education Materials

- Brochures or other printed materials
- Podcasts
- YouTube videos
- Videos or DVDs
- PowerPoint presentations
- Posters or charts
- Models or props



Bonus Materials

Symptoms and Conditions

-
- 頭暈 dizzy
 - 暈車 motion sickness
 - 頭痛 headache
 - 宿醉 hangover
 - 氣喘 asthma
 - 打噴嚏 sneeze
 - 咳嗽 cough
 - 喉嚨痛 sore throat

-
- 鼻塞 stuffy nose; nasal congestion; sinus congestion
 - 流鼻水 running nose
 - 流鼻血 nosebleed; bleeding nose
 - 痰, 鼻涕等黏液 mucus
 - 長青春痘 have acne (常用複數 acnes); pimple
 - 打嗝 hiccup

-
- 耳鳴 tinnitus; drumming in the ears; ear noise; ringing in the ear
 - 長針眼 have a stye/sty; eye stye
 - 口臭 bad breath
 - 呼吸急促 breathing rapidly
 - 唇疱疹 cold sore; Herpes
 - 頭皮屑 dandruff
 - 牙痛 toothache

-
- 拉肚子 diarrhea
 - 便秘 constipation
 - 腹脹 abdominal distention
 - 腹痛 abdominal pain
 - 吐 vomit; throw up; puke
 - 乾嘔 dry heaves
 - 噁心 nausea
 - 胃痛 stomachache

-
- 經前症候群 premenstrual syndrome (PMS)
 - 生理痛 menstrual pain; painful period; dysmenorrhea
 - 頻尿 frequent urination; hyperuresis
 - 五十肩 frozen shoulder
 - 水泡 bulla, blister

-
- 感冒 catch a cold
 - 流感 flu; influenza
 - 發燒 fever
 - 中暑 heat stroke
 - 脫水 dehydration
 - 極度疲倦 fatigue
 - 肌肉酸痛 sore muscle; muscle soreness; muscle aches
 - 發冷 chills

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- 淤血 bruise
 - 貧血 anemia
 - 水腫 edema; water retention
 - 過敏 allergy
 - 昏昏欲睡/想睡 drowsy; sleepy; dozy
 - 麻痺,失去知覺 numb
 - 食欲不振 poor appetite

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- 壓力 stressed out; under a lot of pressure/stress
 - 焦慮 anxiety (緊張 nervous; anxious)
 - 心情低落 blue; feel down; depressed
 - 憂鬱 depression
 - 崩潰 breakdown; feel devastated; fall to pieces


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- 落枕 a crick in the neck; a kink in my neck; a stiff neck; neck stiffness; acute fibrositis
 - 脱臼 dislocation
 - 失眠 insomnia

Bonus Materials

COVID-19

Screening Questions

- Do you (Does he/she) have...
 - Fever 發燒/chills 發冷
 - Sneezing 打噴嚏/Cough 咳嗽/Sore throat 喉嚨痛
 - Muscle pain/muscle ache 肌肉疼痛
 - Headache 頭痛
 - Shortness of breath or difficulty breathing 呼吸急促或呼吸困難
 - Loss of smell and taste 失去嗅覺與味覺
 - Or ask about any symptom

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- These symptoms may appear 2-14 days after exposure to the virus.
 - Those who are infected with COVID-19 may have little to no symptoms. You may not know you have symptoms of COVID-19 because they are similar to a cold or flu.

Screening Questions

- Have you tested positive for COVID-19/ Coronavirus?
- Have you been in contact with anyone who has tested positive for COVID-19?
- Have you traveled within the last days / weeks / months?
- To where?

Directions for Patients

- I need to take your temperature.
- You need to be tested.
- We can coordinate the administration of the test.
- You need to go to _____ to be tested.

Directions for Patients

- You need to call _____
 - ...your doctor
 - ...urgent care clinic
- You need to consult with your doctor.
- You need to go to the hospital.
- You need medical attention.
- Contact your healthcare provider.

Directions for Patients

- You need to self-quarantine/ stay at home for _____ days / weeks.



THANK YOU

Q&A?