

HEALTH CARE

VISITING THE PHARMACY



INSTRUCTION SHEET

INSTRUCTIONS:

Students are to visit a local drug store to find out how prescriptions are filled, what non-prescription medications it carries, and what other services it provides. They will have to ask a pharmacist (or assistant) to recommend an over-the-counter medication for two common ailments and check for specific information on the label.

REQUIRED STRUCTURES: asking for information, pharmacy instructions “take with food,” “on an empty stomach,” etc. See also “Dosages” activity in this chapter.

REQUIRED VOCABULARY: hours, advice, medications, prescriptions, “phone in,” pick up, sore throat, cough, fever, headache, nausea, stomach ache, allergies, runny nose, itchy eyes, recommend, ailment, brand name, generic, capsule, tablet, liquid, cream, dosage, side effects

GROUP SIZE: individual, pairs

HANDOUTS: Visiting the Pharmacy worksheet (one per student/pair)

OTHER MATERIALS REQUIRED: none

RELATED GRAMMAR: phrasal verbs (“pick up, drop off, phone in,” etc.), adverbs of frequency

FOLLOW-UP ACTIVITIES:

Students may pick up pamphlets at the pharmacy to discuss in class

Compare the process for filling a prescription in students’ 1st countries and Canada (in some countries, patients don’t need a prescription from the doctor and can go directly to a pharmacy to get medications they want.)

Compare the cost of brand name and generic medicines

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WORK SHEET

GO TO A DRUG STORE WITH A CLASSMATE.

What days and hours is the pharmacy open? _____

Do(es) the pharmacist(s) offer advice about taking medications? yes or no (*circle one*)

Can prescriptions be “phoned in”? yes or no (*circle one*)

Can somebody else pick up a prescription? yes or no (*circle one*)
(i.e. another family member)

CHOOSE TWO OF THE FOLLOWING AILMENTS:

SORE THROAT AND COUGH

NAUSEA

FEVER

STOMACHACHE

HEADACHE

ALLERGIES (RUNNY NOSE, ITCHY EYES, ETC.)

FIND AND ASK THE PHARMACIST TO RECOMMEND A MEDICATION:

AILMENT #1

NAME: _____

BRAND NAME OR GENERIC?

CAPSULE, TABLET, LIQUID, CREAM, OR

_____?

DOSAGE: _____

WHO SHOULDN'T TAKE THIS MEDICINE?

POSSIBLE SIDE EFFECTS: _____

AILMENT #2

NAME: _____

BRAND NAME OR GENERIC?

CAPSULE, TABLET, LIQUID, CREAM, OR

_____?

DOSAGE: _____

WHO SHOULDN'T TAKE THIS MEDICINE?

POSSIBLE SIDE EFFECTS: _____
