

Headache History

Patient: _____

Date: _____

HEADACHE:

For patient circle positive symptoms or add notes when needed if you think it applies to you.

How many types of headache do you have? (For example, some have a “mild headache everyday but on some days, it’s a totally different headache and more severe) _____

Onset: When did headaches begin? Age of onset _____, menarche (beginning of period), teenage years, before, during or after pregnancy, after an accident on _____ other: _____

PRODROME: Theses is how you may feel prior to a headache, emotionally, neck stiffness, feeling down, sad, energetic. (Not all notice this) _____

Aura (Strange things occurring right before a headache): blurry vision, spots, shimmering lights, zig zagging lines, dark spots, loss of vision, strange taste or smells _____ lasting _____ minutes. Is it always/not always/usually followed by a bad headache? _____

How headache starts: sudden, gradually over _____ minutes. In the morning, evening, wakes me from sleep, anytime during the day, “like a bolt of lightning”

Character or what it feels like: sharp, throbbing, pulsating, pressure, dull, achy, stabbing, like a hat band, “like my head is in a vise”, “like and ice – pick” other description, _____

Location of head pain: top of head, all over, right/left/both temples, right/left/both sides of head (biparietal) back of head (occipital), frontal, sinuses, retro orbital (behind the eyes), Head pain radiates or moves to _____.

Symptoms associated with headache are: Nausea, vomiting, light sensitivity (photophobia), Sound bothers me (phonophobia), many odors bother me during headache (osmophobia), dizziness, numbness, tingling, weakness in hand or leg, difficulty with speech, visual disturbances, headache is worse with routine activity, "I need to lay down in a quiet dark room"

other: _____

Severity: Mild, Moderate, severe, my pain level ranges from ___ /10 to ___/10 on a scale of 1 to 10.

Duration: My average headache can last from _____ hours to _____ hours or as long as _____ days

Frequency: My headaches are occurring _____ days per week or _____ per month. _____ I currently have _____ Headache free days (days without head pain).

Aggravated or made worse by: noise or loud sounds smells, exertion, stress.

Alleviating factors (Things that make headache better) Sleep, medications, ice, heat, dark room, massage, rest, soft music, aromatherapy, _____

Things that trigger or set off my headache are: Bright lights, alcohol, caffeine, chocolate, MSG, Chinese food, stress, weather changes, Hot days, wind, altitude changes, my period, spicy foods, lack of or missed sleep, over sleeping, strong odor or perfume, _____

Family history: Do any immediate relatives have migraine? Yes NO

IMAGING: Have you had an MRI or CT scan of your brain? If so, when and where?

HEADACHE RELATED ISSUES:

Sleep quality: Erratic, non –restorative (feel tired waking up), hard to fall asleep, fall asleep but can't stay asleep, "haven't slept for days" or "I sleep just fine".

Eating habits: fast food, skipped meals, vegetarian, over eating, "binge eating". "I feel that I eat healthy" or "my diet is terrible", "needs improvement".

Caffeine: Coffee _____ cups per day, Diet Soda, Regular Soda, Sugar, HFC (high fructose corn syrup), Energy drinks like Red Bulls, Rock Star etc.

Exercise: None, Occasional, regular, mild, aggressive, strenuous, Yoga

Family/Marital life: “Stressed out”, “drama”, abusive, good, kind, loving, separated, divorced, engaged, single, “it’s complicated”

Do you have a history of physical or sexual abuse in your past? _____

Work life: Working as a _____ at _____. Describes work as good, stressful, “hate my job”, love my job, job is “ok”. Lay off, looking for work, disability, unemployed.

What do you think is the cause of your headache? -

What does your headache mean to you?

What are your expectations regarding your headaches? What are you willing to do to get better?

CURRENT MEDICATIONS: List all that you are currently taking or prescribed.

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-
-
-
-

PAST MEDICATIONS: Circle medications tried and list side effects, benefit, lack of benefit etc.

Excedrin Migraine, Motrin, Advil, Ibuprofen, ASA, Aleve, BC's Goode Powders,

Triptans: These are medications specifically prescribed for migraine and include, Sumatriptan/Imitrex oral/SC/nasal, Rizatriptan/Maxalt oral/SL, Zolmitriptan/Zomig, Naratriptan/Amerge, Treximet, Eletriptan/Relpax Frovatriptan/Frova, Almotriptan (Axert), Sumavel Dose pro, Zecuity patch, Migranal nasal spray (DHE45), Onzetra, reason for discontinuation:

AED's (Anti-epileptic drugs): Topamax (Topiramate), Trokendi XR, Neurontin (Gabapentin) Lyrica (Pregabalin), Depakote (divalproex sodium) Carbamazepine/Tegretol, Zonegran (zonisamide)

Sleep medications: Ambien/Zolpidem, Lunesta/eszopiclone, Rozerem, amitriptyline, nortriptyline, Doxepin, Trazadone, Benadryl, Temazepam, Xanax

Antidepressants (SSRI, SNRI): Cymbalta (Duloxetine) Venlafaxine (Effexor), Paxil (paroxetine), Fluoxetine (Prozac), Celexa (Citalopram), Lexapro, Wellbutrin (Bupropion) other _____

Opiates (Narcotic pain killers): Fioricet with or without codeine, Norco,, Lortab, Vicodin, Hydrocodone, Stadol NS, oxycodone, Percocet, morphine, methadone, Opana, Opana ER, Oxymorphone, OxyContin, Dilaudid, Roxicodone, (hydromorphone)_____

Beta Blockers (also used for blood pressure) Nadolol, Timolol, Metoprolol, Propanolol, pindolol, acebutolol _____

Calcium Channel blockers: Verapamil, Amlodipine, Nifedipine, _____

NSAIDS: Anti-inflammatory medications: Ibuprofen, Meloxicam, Aleve, Naproxen, Diclofenac, Sprix, Cambia, Zipsor, _____

Natural or herbal medications: Magnesium, feverfew, Petadolex, Riboflavin, Omega 3, Co Q 10, Melatonin, Ginseng, Vitamins,

Alternative Headache treatments:

Acupuncture, Chiropractic, Massage therapy, bio feedback, aromatherapy

Is there anything else that we need to know about your headaches?

PLEASE ANSWER THE FOLLOWING: IMPORTANT

Systemic symptoms: Have you experienced any systemic symptoms such as fever, weight loss or have a history of HIV or cancer?

Neurological: Any changes in your thinking or memory, weakness or change in neurological function such as loss of feeling, numbness, tingling anywhere.

Onset: Did your headache come on 'like a bolt of lightning'.

Prior headache history: Is this a NEW or DIFFERENT headache than your usual headache? Is this a change in pattern?