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Woodlands Neurology Clinic



HEADACHE HISTORY

Patient Name: _____ Today's Date: _____

How old were you when you first started having headaches? (Any type of headache, even if those headaches were different from your current headaches). _____

Describe the location of your headache (if it begins in one area and spreads, describe it).

____ all over, ____ front, ____ side, ____ back, ____ one side (right or left), ____ both sides,
____ Variable, other: _____

How would you describe your headaches?

____ blinding, ____ throbbing, ____ pressing, ____ squeezing, ____ stabbing/sharp,
____ dull/nagging/aching, ____ burning, other _____

Please rate your headache on a scale of 0 to 10 under the following conditions:

Lying down	0	1	2	3	4	5	6	7	8	9	10
Sitting quietly	0	1	2	3	4	5	6	7	8	9	10
Standing up	0	1	2	3	4	5	6	7	8	9	10
Exercising	0	1	2	3	4	5	6	7	8	9	10
In the morning	0	1	2	3	4	5	6	7	8	9	10
In the afternoon	0	1	2	3	4	5	6	7	8	9	10
In the evening	0	1	2	3	4	5	6	7	8	9	10
At night	0	1	2	3	4	5	6	7	8	9	10

How long do the headaches last if untreated or unsuccessfully treated?

____ a few minutes or less, ____ a few hours, ____ 1 to 3 days
____ more than a week, other: _____

When did the type of headache you are now suffering from begin? _____

How frequently do you have any headaches (days/months)? _____

How frequently do you have mild _____, Moderate _____, severe _____, headaches?

Headaches usually begin in the morning / afternoon / evening / middle of the night?

Have you noticed any factors that trigger / aggravate the headaches?

If yes, please mark:

____ emotional stress, ____ depression, ____ anxiety, ____ change in sleep pattern,
____ physical activity, ____ standing, ____ bending over, ____ straining, ____ coughing,
____ sexual activity, ____ missing a meal, ____ exposure to excessive sun or heat,
____ changes in weather, ____ changes in the barometric pressure, ____ alcohol,
____ Certain foods, ____ menstrual period, ____ birth control

Along with your headache, please check any other symptoms you experience, even if you do not experience these symptoms on every occasion:

____ sensitivity to light, ____ vision change, ____ difficulty speaking, ____ sensitivity to noise,
____ nausea, ____ vomiting, _____ dizziness

Are your headaches improved by anything (sleep, ice, heat, medication, darkness)?

Do you have a visual aura before a headache? If yes, please describe your aura

What percent of the time does the aura occur:

_____ less than 25%, _____ 50%, _____ 75%, _____ 100%

Since your current headache began, what is the longest amount of time that you have gone WITHOUT a headache? _____

How many days of work / school have you missed because of headaches? _____

How many times have you been to an acute care clinic or Emergency Room for your headaches?

List any other care providers you have seen for headaches:

Have you ever been prescribed a medication for headaches which you took every day whether you had a headache or not? If so, please list the medication, the dose, the amount of time you took it, how well it worked for you and any problems you experienced from the medication:

Please list any medications you have taken in the past for headaches, how the medicine worked as well as any problems you had with the medication (i.e. Aspirin helped mild headaches but caused an upset stomach).

Have you ever had been evaluated previously by a Neurologist for your headaches? If so, please list the Neurologist's name, location, date of evaluation, diagnosis and treatment

Have you ever had any diagnostic tests done for your headaches, such as CT scans or MRI's? If so, list the study, date and result if known.

Do any of your blood relatives get headaches? If so, who and what types of headaches:

Date of last eye exam? _____ Average Caffeine intake? _____

COMMON ACUTE HEADACHE TREATMENTS

(Generic and Brand Names)

Circle each therapy you have used

<p>Triptans</p> <table style="width: 100%; border: none;"> <tr><td>Naratriptan</td><td>Amerge</td></tr> <tr><td>Almotriptan</td><td>Axert</td></tr> <tr><td>Frovatriptan</td><td>Frova</td></tr> <tr><td>Sumatriptan</td><td>Imitrex</td></tr> <tr><td></td><td>Onzetra</td></tr> <tr><td></td><td>Zembrace</td></tr> <tr><td></td><td>Sumavel</td></tr> <tr><td></td><td>Tosymra</td></tr> <tr><td></td><td>Treximet</td></tr> <tr><td></td><td>Zembrace</td></tr> <tr><td>Rizatriptan</td><td>Maxalt</td></tr> <tr><td>Eletriptan</td><td>Relpax</td></tr> <tr><td>Zolmitriptan</td><td>Zomig</td></tr> </table>	Naratriptan	Amerge	Almotriptan	Axert	Frovatriptan	Frova	Sumatriptan	Imitrex		Onzetra		Zembrace		Sumavel		Tosymra		Treximet		Zembrace	Rizatriptan	Maxalt	Eletriptan	Relpax	Zolmitriptan	Zomig	<p>NSAIDS</p> <table style="width: 100%; border: none;"> <tr><td>Ibuprofen</td><td>Advil</td></tr> <tr><td></td><td>Motrin</td></tr> <tr><td>Naproxen</td><td>Aleve</td></tr> <tr><td>Aspirin</td><td>BC Powder</td></tr> <tr><td></td><td>Goody's Powder</td></tr> <tr><td>indomethacin</td><td>Indocin</td></tr> <tr><td>ketorolac</td><td>Toradol</td></tr> <tr><td>diclofenac</td><td>Cambia</td></tr> <tr><td></td><td>Zipsor</td></tr> <tr><td></td><td>Voltaren</td></tr> <tr><td>Meloxicam</td><td>Mobic</td></tr> </table>	Ibuprofen	Advil		Motrin	Naproxen	Aleve	Aspirin	BC Powder		Goody's Powder	indomethacin	Indocin	ketorolac	Toradol	diclofenac	Cambia		Zipsor		Voltaren	Meloxicam	Mobic	<p>COX-2 Inhibitors</p> <table style="width: 100%; border: none;"> <tr><td>Celecoxib</td><td>Celebrex</td></tr> <tr><td>Vadecoxib</td><td>Bextra</td></tr> <tr><td>Fofecoxib</td><td>Vioxx</td></tr> </table> <p>Barbiturates</p> <table style="width: 100%; border: none;"> <tr><td>Butalbital</td><td>Esgic</td></tr> <tr><td></td><td>Fioricet</td></tr> <tr><td></td><td>Florinal</td></tr> <tr><td></td><td>Phrenllin</td></tr> </table>	Celecoxib	Celebrex	Vadecoxib	Bextra	Fofecoxib	Vioxx	Butalbital	Esgic		Fioricet		Florinal		Phrenllin
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**COMMON HEADACHE PREVENTIVE THERAPIES
(Generic and Brand Names)**

Circle each therapy you have used

<p>Beta-blockers</p> <p>Timolol Betimol Nadolol Corgard Metoprolol Toprol Lopressor Propranolol Inderal Atenolol Tenormin Nebivolol Bystolic</p>	<p>TCAs</p> <p>Amitriptyline Elavil Nortriptyline Pamelor Protriptyline Vivactil Desipramine Norpramin Imipramine Tofranil Doxepin Silenor</p>	<p>Antiepileptics</p> <p>Divalproex/valproic acid Depakote Leveturacetarn Keppra Lamotrigine Lamictal Zonisamide Zonegran Topiramate Topamax Trokendi XR Gabapentin Neurontin Gralise Horizant Pregabalin Lyrica Acetazolamide Diamox Lacosamide Vimpat Carbamazepine Tegretol Oxcarbazepine Trileptal Primidone Mysoline</p>
<p>Calcium channel blockers</p> <p>Verapamil Verelan Amlodipine Norvasc Diltiazem Cardizem Nifedipine Procardia nimodipine</p>	<p>Botox</p> <p>Botox</p>	<p>SNRIs</p> <p>Venlafaxine Effexor Desvenlafaxine Pristiq Milnacipran Savella Duloxetine Cymbalta Levomilnacipran Fetzima Sibutramine Meridia Atomoxetine Strattera</p>
<p>CGRPs</p> <p>Aimovig Ajovy Emgality Qulipta</p>	<p>Other:</p>	