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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

Triptans Naratriptan Amerge Almotriptan Axert Frovatriptan Frova Sumatriptan Imitrex Onzetra Zembrace Sumavel Tosymra Treximet Zembrace Rizatriptan Maxalt Eletriptan Relpax Zolmitriptan Zomig	NSAIDS Ibuprofen Advil Motrin Naproxen Aleve Aspirin BC Powder Goody's Powder indomethacin Indocin ketorolac Toradol diclofenac Cambia Zipsor Voltaren Meloxicam Mobic	COX-2 Inhibitors Celecoxib Celebrex Vadecoxib Bextra Fofecoxib Vioxx Barbiturates Butalbital Esgic Fioricet Florinal Phrenllin
Ergots Ergotamine Cafergot DHE Migranal IV DHE Infusion	Muscle Relaxers Cyclobenzaprine Flexeril Baclofen Methocarbamol Robaxin Metaxalone Skelaxin Carisoprodol Soma Tizanidine Zanaflex	Anxiolytic Buspirone Buspar Clonazepam Klonopin Chlordiazepoxide Librium Clorazepate Tranxene Diazepam Valium Alprazolam Xanax
Opioids/Narcotics Propoxyphenone Darvocet Meperidine Demerol Hydromorphone Dilaudid Hydrocodone Norco Vicodin Lortab Lorcet Dolophine Methadone Oxycodone Oxycontin Percocet Percodan Tylox Butorphanol Stadol Buprenorphine Suboxone Codeine Tylenol #3, #4 Tramadol Ultram Ultracet	CGRP's Ubrelvy Nurtec Zavzpret	Other: Trudhesa Rayvow <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

COMMON HEADACHE PREVENTIVE THERAPIES
(Generic and Brand Names)

Circle each therapy you have used

Beta-blockers Timolol Betimol Nadolol Corgard Metoprolol Toprol Lopressor Propranolol Inderal Atenolol Tenormin Nebivolol Bystolic	TCAs Amitriptyline Elavil Nortriptyline Pamelor Protriptyline Vivactil Desipramine Norpramin Imipramine Tofranil Doxepin Silenor	Antiepileptics 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
Calcium channel blockers Verapamil Verelan Amlodipine Norvasc Diltiazem Cardizem Nifedipine Procardia nimodipine	Botox Botox	SNRIs Venlafaxine Effexor Desvenlafaxine Pristiq Milnacipran Savella Duloxetine Cymbalta
CGRPs Aimovig Nurtec Ajovy Emgality Qulipta	Other:	

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Migraine Prescription Agreement

I agree as a condition of being treated by Dr. Bonds, that I will not fill or refill any prescription prescribed by another physician for the treatment of migraines.

Any violation of this agreement will result in termination of the physician patient relationship.

Patient Name: _____

Patient Signature: _____

Date: _____