Headache Symptom and Management Sheet

Dee E. Silver, M.D.

Name_____ **Date**_____

Frequency: Improved Same Worse
per week_____ # per month_____

Severity: Improved Same Worse
Rate on scale of 1 to 10_____

Duration: Improved Same Worse
Lasts how long_____

When do they start? AM PM During Sleep
Do they wake you from sleep_____

Do you have?(circle) Nausea Vomiting Numbness Weakness
Paralysis Sonaphobia Loss of vision Photophobia
Visual symptoms before the headache

Do you have to redose? Yes / No

Medications	**Taking Now**	**Have Taken**	**Helpful**	**Not Helpful**
Amerge				
Aspirin				
Axert				
CA++ Channel Blocker				
Codeine				
Depakote				
DHE 45 (Migranal)				
Dilantin				
Elavil				
Excedrin Migraine				
Fiorinal				
Frova				
Ibuprofen				
Imitrex 50mg 100mg				
Imitrex Nasal Spray				
Inderal				
Keppra				
Lortab/Demerol/Vicodin				
Maxalt				
Midrin				
Migrainal				
Neurontin				
Relpax				
Sansert				
Stadol				
Topamax				
Tylenol				
Zomig				
Zonegran				

Do you think your headaches are rebounding? Yes / No

Have you had a CAT or MRI of the head? Yes / No If so, when_____

When was your last blood work done?_____