Headache

Name: _____ Date: _____
DOB: _____

Symptoms:
Of the following, which seems to bring on a headache?

☐Menstruation	☐Alcohol	☐Certain foods
☐Exercise	☐Bright light or glare	☐Hunger
☐Stress	☐Certain odors	☐Change in sleeping habits
☐Smoking	☐Excessive noise	☐Medications
☐Relaxation after stress	☐Too much sleep	☐Too little sleep
☐Change in weather	☐Food additives (MSG, ect.)	☐Other: _____

Have you experienced warning signs of oncoming headaches? _____
If yes, which of the following describes your typical warning signs?
☐Distorted vision such as flickering points of light or jagged lines _____
☐Change in mood _____ Changes in appetite _____
☐Other _____

If female, have you ever noticed a connection between your menstrual periods and headaches? If yes explain_____

Describe a typical headache episode you have recently had:
_____

Approximately when did your last headache occur? _____

On average, how long does each headache last? _____

How would you rate the physical discomfort you experienced?
☐Very mild ☐Mild ☐Painful ☐Extremely Painful

How frequently do you have headaches? ☐Daily ☐Weekly ☐Monthly ☐Other

Do your headaches result in lost time at work or your normal daily activities? _____

At what age did your headaches begin? _____

Does anyone else in your immediate family have headaches? _____ If yes please specify
_____

Which of the following do you associate with a typical headache?
☐Dull, non-throbbing pain ☐Pain on one side of head ☐Daily headaches
☐Pain that lasts for days at a time ☐Throbbing, pulsating pain ☐Pain occurring at night
☐Nausea ☐Vomiting ☐Pain that causes awakening from sleep ☐Sensitivity to light
☐Tight skull cap sensation ☐Sensitivity to sound ☐Pain in face(forehead,cheeks,behind eyes, across nose) ☐Dizziness ☐Nasal congestion

Have any of the following accompanied a headache?
☐Numbness ☐Muscle weakness ☐Stiff neck ☐Fever ☐Shortness of breath
☐Memory loss/confusion ☐Head injury ☐Severe vomiting ☐Other_____

REVIEWED BY: M. MACKENZIE, MD_____ N. HOFBERG _____ CLINICAL ASSISTANT _____