

Headache History

Describe the Headache

How many different types of headache do you experience?

Has there been a recent change in your headaches or are these of recent onset?

Have you ever been seen by a medical provider for your headaches?

What years:

Where:

What type of medical providers: [Primary Doctor] [Neurologist]

Have you had a Head CT (Cat scan) or MRI?

Describe your most bothersome recent headache:

Which side of your head is affected? [Both Sides] [Left] [Right]

Where is your headache located?

[Entire head] [Forehead] [Temple] [Side of head] [Back of head]

[Behind the Eye] [Cheek] [Teeth] [Jaw]

What does your headache feel like?

[Throbbing] [Sharp, stabbing] [Constricting like a vise] [Ache]

How severe has your most recent headache been?

[Mild - relieved with Tylenol or Motrin]

[Moderate - difficult to concentrate at work or home]

[Severe - took time off work]

[Horrible - worst pain of my life]

Symptoms associated with your headaches:

[Nausea or Vomiting]

[Dizzy] [Light Headed] [Room Spinning or vertigo]

[Ear Ringing]

[Eye tearing] [Facial flushing] [Nasal Congestion] [Eyelid droop]

[Hiccough]

[Double vision] [vision loss]

[Fever] [Stiff Neck] [Rash]

Are your headaches preceded by an Aura: [Hunger] [Fatigue] [Vision Change]

Do you environmental changes make your headaches worse: [Bright lights] [Loud sounds]

Timing of your headaches

How old were you when you had your first headache like the one you are having now?

When was your last headache?

How often do you have a Headache? [Every day] [2-3 per week] [2-3 per month] [2-3 per year]

How many Headaches have you had in the last week? _____ The last month? _____

How long does a typical headache last: [2-3 Days] [All Day] [8-12 hours] [1-3 hours]

Are certain events associated with the headache?

[Menses]

[Stress]

[Fasting]

[Fatigue]

[Lack of Sleep]

[Intercourse]

[Exercise]

[Exertion]

What have you used to relieve your headache: (Circle those that helped, Cross-off ineffective medications)

[Excedrin] [Tylenol] [Motrin, Naprosyn, Alleve or similar medication]

[Midrin] [Fiorinal or Fioricet] [DHE, Ergotamine or similar medication]

[Imitrex]

[Oxygen]

Have you used any medications to prevent headache?

[Amitrytiline] [Verapamil] [Propranolol, Atenolol or similar medication]

Do you use?

Medications

[Nitroglycerin] [Indomethacin] [Birth Control Pills] [Estrogen] [Reserpine]

Caffeine: [yes] [no] _____ cups per day [Everyday] [Not on weekends]

Tobacco: [yes] [no] [quit _____ years ago] _____ packs per day for _____ years [chew]

Alcohol: [yes] [no] [daily] [weekly] [monthly] [yearly]
_____ ounces of _____ every _____ for _____ years.

[DUI] [Eye openers] [Blackouts] [Withdrawal or DTs] [Treatment Programs]

Drugs: [Anabolic Steroids] [Marijuana] [Cocaine] [Crack] [Methamphetamine]

[“Huffing”] [Heroin] [LSD] [PCP] [Other Drugs _____]

Do you have any of the following symptoms or conditions below:

Sinusitis:	[Post-nasal drainage] [Tooth pain] [Sinus Headache]
Allergic Rhinitis:	[Runny nose] [Tearing or itching eyes]
Ear Disease:	[Ear Infection] [Hearing loss]
TMJ:	[Jaw pain] [Pain chewing food] [Tooth grinding or Bruxism]
Neck pain	[Poor posture] [Neck muscle spasm] [Herniated disc] [Neck injury]
Eye Strain	[Pain with reading]
High Blood Pressure	
Head Injury	[Concussion] [“Bell Ringer”]
Brain Disease	[Seizure] [Stroke] [Muscle Weakness]
Mental Illness:	[Depression] [Anxiety] [Mania] [Schizophrenia] [Other]