

	•	DATE	AGE	SEX	TELEPHONE	
_		TODAY /	1			
le	ase review and answer all parts of each question w	ith our staff. Pro	vide specific detai	ils/notes in t	the right hand column.	
ı	QUESTIONS				14.701	
1	Have you been diagnosed with <u>any</u> of the follow » □ Migraine » □ Chronic Daily Headache » □ To » □ Menstrual Migraine » □ None » □ Other	ring? ension Headache	» □ Cluster Headache	e » □ Medi	ication Overuse Headache	
2	What sets off or triggers your headaches?					
3	What test have you had to help diagnose your he	eadaches? Iormone Testing				
4	Where are your headaches located? (Mark Location of the locati	Left Side	On a scale of No Pain 0 1	1-10, how p	Moderate Unbear Pain Pair 4 5 6 7 8 9	able
5	Describe the type of headache pain you feel mos » □ Achy » □ Throbbing » □ Stabbing » □	st often:			_	
6	What other doctors have you seen for your pain, headaches, and/or migraines					
	GP / FAMILY DOCTOR / OB-GYN DENTIST (IF OTHER) NEUROLOGIST PSYCHIATRIST/PSYCHOLOGIST		☐ PHYSICAL THI ☐ CHIROP ☐ EAR NOSE	RACTOR		
7	What medications do you use for headache, migraine, or pain relief?					
	MEDICATION (NAME OF MEDICATION OR SUBSTANCE)	WHAT DOSE?		ном	W OFTEN?	
	Acetaminophen, Tylenol					
	Ibuprofen, Advil, Motrin, Nuprin, etc					
	Naproxin, Aleve					
	Rx pain medication (
	Rx pain medication (
	Rx muscle relaxant (
	Rx anxiety medication (
	Rx depression medication ()					
	Rx migraine medication (+				
	The state of the s					
	Medication for sleeping (
	Medication for sleeping () Caffeine intake ()					
	Medication for sleeping (

» □ Acupuncture » □ Exercise » □ Other (please describe)