

Patient Name: \_\_\_\_\_

Chart: \_\_\_\_\_

Date: \_\_\_\_\_

## Headaches

- 1.) Where does your head hurt? \_\_\_\_\_  
\_\_\_\_\_
- 2.) Can you describe the pain?( sharp, dull, throbbing, etc.) \_\_\_\_\_  
\_\_\_\_\_
- 3.) Is the pain constant or does it come and go? \_\_\_\_\_
- 4.) If the pain comes and goes, how often do you get the pain? Is there a particular time of day that the pain comes or is more prominent? \_\_\_\_\_  
\_\_\_\_\_
- 5.) Can you rate your pain on a scale of 1 to 10 at its worst and at its best. (1 would be it only hurts a very little and 10 would be the worst pain you can imagine—typically you would be crying and asking to go to the ER) \_\_\_\_\_
- 6.) Does anything seem to trigger the pain? \_\_\_\_\_  
\_\_\_\_\_
- 7.) Do you have any other symptoms that come with your headache? \_\_\_\_\_  
\_\_\_\_\_
- 8.) What makes the pain better? \_\_\_\_\_  
\_\_\_\_\_
- 9.) What makes the pain worse? \_\_\_\_\_  
\_\_\_\_\_
- 10.) Have you tried any medications or herbal supplements and if so did they help? \_\_\_\_\_  
\_\_\_\_\_
- 11.) Have you had any visual changes? (blurry vision or double vision) \_\_\_\_\_
- 12.) Does the light bother your eyes? \_\_\_\_\_
- 13.) Do you get changes in your hearing? \_\_\_\_\_
- 14.) Do loud noises make the headaches worse? \_\_\_\_\_
- 15.) Do you get light headed or dizzy? \_\_\_\_\_
- 16.) Have you ever passed out? \_\_\_\_\_
- 17.) Do you get any weakness, numbness or tingling anywhere? \_\_\_\_\_  
\_\_\_\_\_
- 18.) Do you have any symptoms that indicate that you are going to get a headache and if so what? \_\_\_\_\_
- 19.) Do you have pain in your neck or back or anywhere else in your body? \_\_\_\_\_  
\_\_\_\_\_
- 20.) Is there a family history of headaches or migraines? \_\_\_\_\_  
\_\_\_\_\_
- 21.) Is there a family history of any other neurological problems? \_\_\_\_\_  
\_\_\_\_\_
- 22.) Do you have a history of head or neck/back injury? \_\_\_\_\_