

# Headache History

Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Age at onset:  under 20  20-30  31-50  over 50 years old.

## BEGAN:

1. Headaches started \_\_\_\_\_ years ago.

## CAUSE:

2. \_\_\_\_\_ Injury: Type \_\_\_\_\_ Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Cause:  Infection  Pregnancy  Emotional Stress  Unknown

## FREQUENCY:

3. Headaches occur \_\_\_\_\_ times each \_\_\_\_\_ (day/week/month). Are they increasing  Yes  No

## LOCATION:

4. Starts:  Left Side  Right Side  Either Side  All Over Head (Hatband)  Face/Jaw  Other

## SEVERTY:

5. Pain is:  Mild to Moderate  Severe  Very Severe  Unbearable

6. Headache prevents normal activities such as work.  No  Yes

## DURATION:

7. Lasts \_\_\_\_\_ if not treated. Lasts \_\_\_\_\_ if treated immediately. Lasts \_\_\_\_\_ if treated after they are severe.

8. Free of headaches from \_\_\_\_\_ to \_\_\_\_\_.  Never have been free of headaches.

## PRECIPITATING FACTORS:

9. Headaches can be brought on by:

Fatigue  Stress Tension  Oversleeping  Certain Foods  Alcohol  Certain Medications

Menstruation  Coughing  Shaving or Touching Face  Washing  Chewing  Talking

Lying Down  Stooping  Exercise

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HORMONAL: (Women Only)**

10. a. Headaches affected by menstrual cycle: \_\_\_\_\_

b. Headaches affected by pregnancy: \_\_\_\_\_

**PRODROMATA:**

11. Warnings before headaches:

Halos Around Eyes  Blind Spots  Upset Stomach  Feelings of Tightness Around Head  Flashing Lights

Dizziness  Light Headed  Numbness in Leg or Arm

Other: \_\_\_\_\_

12. Pain is:  Throbbing  Dull  Sharp  Tight Band  Stabbing  Burning

Other: \_\_\_\_\_

**ASSOCIATED SYMPTOMS:**

13. Symptoms accompanying headaches:

Nausea and Vomiting  Insomnia  Frequent and/or Early Awakening  Light Sensitivity  Sound Sensitivity

Tinnitus  Eye Tearing  Visual Disturbances  Nasal Congestion  Dizziness  Numbness  Stiff Neck

Other: \_\_\_\_\_

**PREVIOUS CARE:**

14. Other Doctors seen for headache treatment? \_\_\_\_\_

15. What tests / x-rays taken for headaches? \_\_\_\_\_

16. Medications taken for headaches? \_\_\_\_\_

17. Other treatments, such as biofeedback for headaches? \_\_\_\_\_