NervePro™

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.

PRECIPATATING 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: ____

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____

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?____________________