

Neuroscience Institute Headache Center Intake Form

Please list **ALL** medications you are currently taking, including over-the-counter medications and supplements:

Medication Allergies:

Past Medical History:



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Past Surgical History:

Family History:

- ❖ Do you currently or have you ever smoked? _____
 - If yes, how many pack per day? _____
 - If yes, how long have you been smoking? _____
 - If former smoker, how long ago did you quit? _____

- ❖ Do you consume alcohol? _____
 - If yes, how many alcoholic beverages do you consume per day/per week? _____

- ❖ Do you use any drugs?
 - If yes, which? _____



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➤ If yes, how many times per week? _____

❖ Age of first headache: _____

❖ When was your last headache? _____

❖ How many times a week do you experience any kind of headache? _____

❖ How many times per month do experience headaches? _____

❖ Are you ever headache free? _____

❖ Have you ever required emergency room management of your headache? _____

➤ If yes, when was your last emergency room visit? _____

❖ Are there any triggers to your headache?

❖ Any warning signs prior to headache onset?

❖ Any family history of headaches of any kind? _____

❖ In the last 3 months, how many days of work were missed due to headache? _____

❖ How many caffeinated beverages do you consume daily? _____

❖ Do you snore? _____

❖ On a scale of 1-10, how stressful is your current life situation? _____

❖ Is there any history of physical, emotional, verbal, or sexual abuse currently or in the past? _____



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MIDAS (MIGRAINE DISABILITY ASSESSMENT)

1. On how many days in the last 3 months did you miss work or school because of your headaches? (If you do not attend work or school enter ZERO) _____
2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in question 1 where you missed work or school. If you do not attend school or work enter ZERO) _____
3. On how many days in the last 3 months did you not do household work because of your headaches? _____
4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? (Do not include days you counted in question 1 where you missed work or school. If you do not attend school or work enter ZERO) _____
5. On how many days in the last 3 months did you miss family, social, or leisure activities because of your headaches? _____

Total Score from questions 1-5: _____

- A. On how many days in the last 3 months did you have a headache?



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(If headache lasted more than 1 day, count each day) _____

B. On a scale of 0-10, on average, how painful were these headaches?

(0=no pain at all, and 10=worst pain ever)_____

PH-Q9

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	More than half of the days	Nearly Every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking slowly that other people could have noticed? Or the opposite- being so fidgety and restless that you have been moving around more than usual	0	1	2	3
9. Thoughts that you would better off dead or hurting yourself in some way	0	1	2	3

Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?



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- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

EPWORTH SLEEPINESS SCALE

0 = no chance of dozing
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

SITUATION	CHANCE OF DOZING
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place (e.g a theater or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____



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Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____

TOTAL SCORE: _____

Please **Circle** medications that you have previously tried:

TRIPTANS

- Almotriptan (Axert) Frovatriptan (Frova) Naratriptan (Amerge)
 Rizatriptan (Maxalt) Sumatriptan -oral, inj, nasal (Imitrex)



Zolmitriptan -oral, nasal (Zomig) Eletriptan (Relpax)

Other:

NSAIDS

Aspirin Diclofenac (Voltaren, Cambia) Etodolac (Lodine)

Ibuprofen (Motrin) Indomethacin (Indocin) Ketoprofem (Orudis)

Ketorolac (Toradol) Naproxen sodium (Naprosyn)

Other:

COX2

Celecoxib (eg Celebrex)

Other:

Analgesics and Combination Medications

Acetaminophen/caffeine/butalbital (Fioricet)

Aspirin/caffeine/butalbital (Fiorinal)

Isometheptene/acetaminophen/ dichloralphenazone (Midrin)

Acetaminophen/aspirin/caffeine (Excedrin Migraine)

Acetaminophen (Tylenol) Decongestants (Sudafed)

Other:

NARCOTIC/ OPIOIDS

Butorphanol (Stadol) Fentanyl (Duragesic) Codeine

Meperidine (Demerol) Long acting oxycodone (Oxycontin)



Oxycodone (Percocet) Tramadol (Ultram) Buprenorphine (Butrans)

Morphine Hydromorphone (Dilaudid) Hydrocodone (Vicodin)

Methadone

Other:

ERGOTS

Bromocriptine (eg Parlodel) Cafergot

Dihydroergotamine –IV, IM, Inhaled (DHE)

Methylergonovine (eg Methergine)

Other:

Anti-Histamines

Diphenhydramine (Benadryl) Cyproheptadine (eg Periactin)

Hydroxyzine (Vistaril, Atarax)

Other:

MUSCLE RELAXANTS

Baclofen (Lioresal) Carisoprodol (Soma) Cyclobenzaprine (Flexeril)

Methocarbamol (Robaxin) Orphenadrine (Norflex) Tizanidine (Zanaflex)

Other:

BENZODIAZEPINES/ TRANQUILIZERS

Alprazolam (Xanax) Buspirone (Buspar) Clonazepam (Klonopin)

Diazepam (Valium) Lorazepam (eg Ativan) Zolpidem (Ambien)



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Other:

STEROIDS

Dexamethasone (Decadron, Medrol) Methylprednisolone (Solu-Medrol)

Prednisone (Deltasone)

Other:

ANTINAUSEA

Meclizine (Antivert) Metolopramide (Reglan)

Prochlorperazine (Compazine) Promethazine (Phenergan)

Ondansetron (Zofran)

Other:

ANTICONVULSANTS

Carbamazepine (Tegretol) Gabapentin (Neurontin)

Lamotrigine (Lamictal) Levetiracetam (Keppra)

Oxcarbazepine (Trileptal) Phenobarbital Phenytoin (Dilantin)

Pregabalin (Lyrica) Topiramate (Topamax) Topamax XR (Trokendi)

Valproic Acid (Depakote) Zonisamide (Zonegran)

Other:



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ANTIDEPRESSANTS

Amitriptyline (Elavil) Bupropion (Wellbutrin) Duloxetine (Cymbalta)
Desipramine (Norpramin) Doxepin (Zonalon) Imipramine (Trofanil)
Mirtazapine (Remeron) Nortriptyline (Pamelor) Trazodone
Venlafaxine (Effexor)

Other:

BETA BLOCKERS

Atenolol (Tenormin) Metoprolol (Lopressor) Nadolol (Corgard)
Propranolol (Inderal)

Other:

CALCIUM CHANNEL BLOCKERS

Amlodipine (Norvasc) Diltiazem (Cardizem)
Nifedipine (Procardia) Verapamil (Calan)

Other:

ACE INHIBITORS

Candesartan (Atacand) Captopril (Capoten)
Enalapril (Vasotec) Lisinopril (Zestril)

Other:

DIURETIC

Acetazolamide (Diamox) Furosemide (Lasix)

Other:



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MAO INHIBITORS

Isocarboxazid (Marplan) Phenelzine (Nardil)

Tranylcypromine (eg Parnate)

Other:

ALPHA-ADRENERGIC BLOCKERS

Clonidine (Catapres) Doxazosin (Caradura)

Other:

ANTI-PSYCHOTICS

Haloperidol (Haldol) Quetiapine (Seroquel) Risperidone (Risperdal)

Other:

STIMULANTS/MOOD STABILIZERS

Dextroamphetamine (Dexedrine) Lithium (Lithobid)

Methylphenidate (Ritalin)

Other:

HORMONES

Estrogen/progesterone (many OCPs) Estrogen (Premarin)

Medroxyprogesterone (Provera)

Other:



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INJECTABLES

Occipital Nerve Blocks OnabotulinumtoxinA (Botox)

Sphenopalatine Ganglion Block

Trigeminal Nerve Blocks (supraorbital, supratrochlear, auriculotemporal,
infraorbital)

Other:

SUPPLEMENTS

Butterbur (Petadolex) Co Q 10 Feverfew Magnesium

Melatonin Migrelief Vitamin B2

Other:

NEUROMODULATION

Cefaly GammaCore Transcranial Magnetic Stimulation (TMS)

Other:

NON-MEDICATION TREATMENTS

Biofeedback Cognitive Behavioral Therapy Meditation

Craniosacral Therapy Acupuncture Physical Therapy

Other:



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