## Patient Discussion Guide with Healthcare Practitioner

Headache Diagnosis:	
My Goals for Living With my Diagnosis: _	

Rate Severity		Mild				Severe	Current Medications	
Symptoms (Check boxes)	N/A	1	2	3	4	5	отс	Has it helped?
Head pain								Yes/No
Throbbing								Yes/No
Pressure								Yes/No
Nausea								Yes/No
Vomiting								Yes/No
Dizziness							Rx	
Aura								Yes/No
Sensitivity to Light								Yes/No
Sensitivity to Sound								Yes/No
Sensitivity to Smells								Yes/No
Other:								Yes/No

Triggers: My symptoms appear when	Questions & Concerns
☐ I'm stressed	1. Why am I having attacks if I'm on treatment?
□ I don't sleep well	2. What are triggers I should know to avoid?
☐ I don't drink water regularly I have caffeine	3. Which medication options do I have?
☐ I drink alcohol	4. What are signs I need a new medication?
☐ It's before or during my period	5. What should I expect when I switch treatments?
☐ It's too bright inside or outside	6. What lifestyle habits can help prevent my attacks?
☐ The weather is:	
☐ I smell certain odors:	7. What symptoms are severe enough that I should contact
☐ I take certain medications:	8. Where can I go to get reliable information?
□ Other:	9. Other:?

## Incidence of Headache-Migraine Attacks This Month

Circle all days with pain, then highlight all days with symptom
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Month: \_\_\_\_\_Year: \_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

