## PEACHTREE NEUROLOGICAL CLINIC - HEADACHE CENTER

NAME:	Age	I write with my	hand
Date of visit:	Referring physici	anan	THE PARTY OF THE P
Height: We	ight Puls	e BP	by Its Alge
For each town of 1 - 1 - 1	THE MON-SEY	TARBERT PLANT OF THE REAL PROPERTY OF THE PARTY OF THE PA	WILL MEST DW
For each type of headache you have, list separately:  OUESTION	to the many damping and	Headache Type 2	
T T	Headache Type 1		
LOCATION (which		THE DA GARD SECURE OF	
part(s) of head hurt(s))		um well	
ASSOCIATED SYMPTOMS (check where applica a) Nausea or vomiting	ble)	A mot of a line	ad gains o queix may the
b) Light sensitivity		te to your Burgey Sad II	
c) sound sensitivity		if I'm plout ceptain	
d) Odor sensitivity			
e) Numbness and tingling		Description Description	
f) Difficulty sleeping		fied? Ben is your per	
g) Neck pain/stiffness			
h) Dizziness/vertigo		skimU si	
i) Mood changes		- Dink) of major boirs, having	
j) Fainting or loss of consciousness k) Tearing			
Nasal stuffiness or congestion		— (MY) bind to this (vi T)	
m) Memory problems		Cross Land	
n) None of the above			
		TENTO GLASTICA	non-leadeast all accelling
PAIN INTENSITY GRADE: 0 = none			
10 = worst possible		rang phiw sensing shall be	
	E. Company	- Compared City (10)	
PAIN DURATION for			
Each type		d studicines you are now taking	
TYPE OF PAIN:			
throbbing, pulsing, stabbing, pressure			
HEADACHE ONSET			Tolymbia and the
(Time of day, week or		Samuel State	
Menstrual cycle)		Daniel Co.	
WARNING SYMPTOMS	and lists you lessees been no	lamb"	and take his others was
		ou-minites 1	
(Food, alcohol, activity, weather)	nur no roy promini vivola frida	Dens y Lieuwill Dens topp 1	
(1 ood, alcohol, activity, weather)		on a blood relatives of bruin tom	
DATE HEAD A COMPANY OF THE PARK OF THE PAR			
DATE HEADACHES BEGAN Related to an injury (Y/N)			
		catin before up 30	
CURRENT NUMBER OF			
HEADACHES PER WEEK			
ANV CHANCE DI DACT ( 12 MONTENCO			
ANY CHANGE IN PAST 6 - 12 MONTHS?			
(Severity, frequency, or associated symptoms)			
OVER-THE-COUNTER MEDICATIONS OR HERE	SS USED PRI	ESCRIBED MEDICINES TRIE	O WITH NUMBER
WITH NUMBER OF TABLETS PER WEEK		TABLETS PER WEEK	
Which helped			
Undesired effects			

DOES THE HEADACHE INTERFERE WITH YOUR NORMAL ACTIVITIES? YESNO
HOW MANY MISSED WORK DAYS PER WEEK? PER MONTH?
DOES SLEEPING OR LYING DOWN HELP OR WORSEN YOUR HEADACHE?
OTHER ACTIVITIES WHICH CAUSE HEADACHE?
Is your sleep regular? How many times do you wake up during the night?
Do you sleep during the day? Do you wake up refreshed in the morning?
Circle each which applies to you Happy Sad Depressed Anxious Subject to panic attacks
Do you have crying spells? If so, please explain
Do you ever think about suicide? Do you have mood swings?
How is your appetite for food? How is your performance at work?
How is your interest in: Sex Exercise Friendships
(Women only) Last menstrual period began on (date)
Have you had any tests: CT or MRI of head (Y/N) When and where? EEG Spinal tap?
Please list surgical operations with dates:
Please list all other medical problems with dates
Please list all prescribed medicines you are now taking
Medications allergies:
Your occupationHighest level of education completed
Your marital status Number and ages of any children
Tobacco use(type and amount) Caffein-containing beverages consumed (amount daily)
Alcohol use (Y/N)Type and weekly amount of alcoholic beverages consumed
List any Medical History in blood relatives, of brain tumor, aneurysm, stroke, headaches, hypertension:
List any family heart deaths before age 50