

Preparing for your appointment: My Headache History



NAME: _____ DOB: _____

Please record below any previous medications you have tried for your headaches. Take this form to your appointment with your doctor. This will help your doctor decide what the best treatment will be for you. Please also note any investigations done for your headaches on page 2. If you have CT and MRI scans, bring them to your appointment. Also bring a headache diary to your appointment. (Download at: www.anzhs.org)

Preventative Medications

Preventative medications are taken every day, to prevent a headache starting.

Medication	Max Dose	Duration	Effective?	Side Effects?

Max dose = highest daily dose of medication, duration = how long the medication was taken for, Effective = any improvement in headache whilst on the medication, Side effects = any unwanted effects from the medication

Acute Medications

Acute or relieving medications are medications you take when you have a headache, to stop it / reduce the symptoms.

Medication	Max Dose	Effective?	Side Effects?

Other treatments for headache (e.g. physio, massage, acupuncture)?

What investigations have been done for your headaches?

Please record the investigation, date it was performed, and where it was performed. If you have the films, please bring them to your appointment.
