**Gilbert Neurology**

**3507 S. Mercy Rd. #101 Gilbert, AZ 85297**
**1452 N. Higley Rd. Gilbert, AZ 85234**
**480-926-0644 480-926-0645-fax**

# Headache History

Name:_____DOB: _____Date:_____

On what part of the head do the headaches start?

(R) side (L) side Both sides

Back On Top Temples Behind/Around Eyes

Forehead Face Neck Other-_____

When did the headaches start? _____Weeks _____Months _____Years

How old were you when the headaches started? _____

How long does the headache usually last? _____Minutes _____Hours(how many) _____Days(how Many) _____Constant

How often does the headache occur? _____x/Day _____x/Week _____x/Month _____x/Year ____Constant

Is the headache getting - More Severe More Frequent Both

After the headache starts does it usually - Stay in one place Move around Explain _____

How would you describe the pain? Throbbing/pulsating Pressing/squeezing Stabbing Sharp Dull/nagging

Other_____

Describe the degree of pain when your headaches start: (circle one) 1 2 3 4 5 6 7 8 9 10 worst imaginable

Describe the degree of pain with **most** of your headaches – (circle one) 1 2 3 4 5 6 7 8 9 10 worst imaginable

Describe the degree of pain with your **worst** headache: (circle one) 1 2 3 4 5 6 7 8 9 10 worst imaginable

Do any blood relative have severe headaches? Yes No If yes, who?_____

Do you have a prior history of Coronary Artery Disease MI brain aneurysm stroke

blood clots trigeminal autonomic cephalgia concussion

Do you have any history of head or neck injury? Yes No

If yes, did this involve a loss of consciousness? Yes No

Which of the following makes the headache better? Rest Activity Darkness Quiet Hot Compress

Pregnancy Menopause Cold Compress Scalp or temple pressure

Are any of the following symptoms associated with the headache?

Light sensitivity Noise Sensitivity Nausea Vomiting Auras

Spots before eyes Blindness(R/L) Blurring (R/L) Eyelid droop Visual changes