

# Headache/Migraine Patient Intake Form

If you have any questions about your headaches/migraines, talk to your doctor

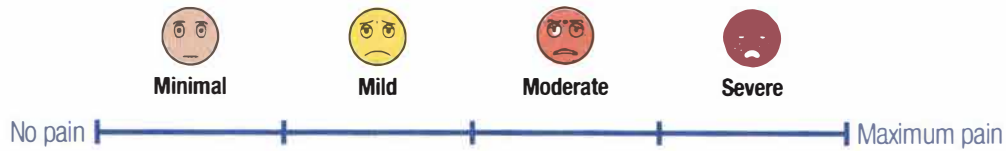
First name \_\_\_\_\_ Middle \_\_\_\_\_ Last name \_\_\_\_\_

DOB \_\_\_\_\_ Today's date \_\_\_\_\_ Years experiencing headache/migraine \_\_\_\_\_

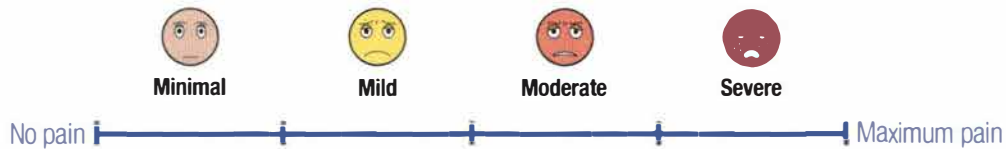
## Headache/Migraine Intensity

Using the face icons as a guide, place an **X** on each line to indicate your headache/migraine intensity.

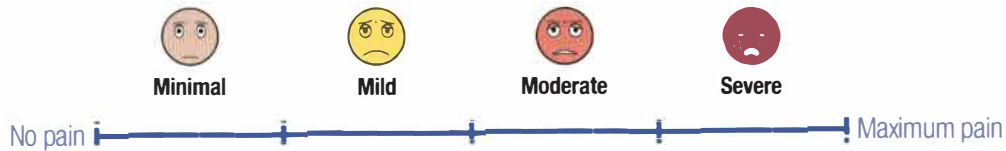
1. How strong is your **headache/migraine** intensity today?



2. How strong is the pain intensity during your **least severe** headache day?



3. How strong is the pain intensity during your **most severe** migraine day?



## Headache/Migraine Frequency

1. On average, how many **days per month** have you had **headache/migraine** in the past 3 months?

Headache days: \_\_\_\_\_

(Less severe headaches still count)

Migraine days: \_\_\_\_\_

(These days often include symptoms like nausea and pain in 1 side of the head)

2. On average, how many **months** have you had this many headaches/migraines in the last year?

0-3 months

4-6 months

7-9 months

10-12 months

3. On average, how many **days per month** are you completely **headache-/migraine-free**? (No headache or migraine at all.)

Headache-free days: \_\_\_\_\_

Migraine-free days: \_\_\_\_\_

4. On average, what is the **duration** of your headache/migraine?

Fewer than 4 hours

4 or more hours

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## Headache/Migraine Features

1. How would you **characterize** your typical headache/migraine? (Circle all that apply.)



Throbbing



Pressure



Sharp/stabbing



Tightness



Burning

2. What **symptoms** do you usually have during your typical migraine? (Circle all that apply.)



Nausea



Vomiting



Sensitivity to light



Sensitivity to sound



Pain on one side

3. On average how many **days per month** do you have 1 or more migraine symptoms?

4. On average how many **days per month** are you completely **symptom-free**? (No symptoms at all.)

5. Have you experienced any of the following symptoms **before a migraine**?



Visual disturbances



Numbness



Difficulty talking

6. On average, how many **days per week** do you use **acute medication** to treat migraine symptoms?

Note: This form provides information commonly used by payer plans to determine prior authorization. It is intended for reference only and does not guarantee approval. Nothing in this document is intended to serve as reimbursement or legal advice, a guarantee of coverage, or a guarantee of payment for treatment. Please be sure to check payer policies for the most up-to-date information. The decision about which code to report must be made by the provider/physician considering the clinical facts, circumstances, and applicable coding rules, including the requirement to code to the highest level of specificity.

References: 1. Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults. *Neurology*. 2012;78(17):1337-1345. 2. Goadsby PJ, Sprenger T. Current practice and future directions in the prevention and acute management of migraine. *Lancet Neurol*. 2010;9(3):285-298. 3. Silberstein SD. Topiramate in migraine prevention: A 2016 perspective [published online ahead of print November 30, 2016]. *Headache*. doi:10.1111/head.12997

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## Headache/Migraine Effects on Daily Life

Using the face icons as a guide, place an **X** on each line to indicate how much your headaches/migraines affect your daily life.

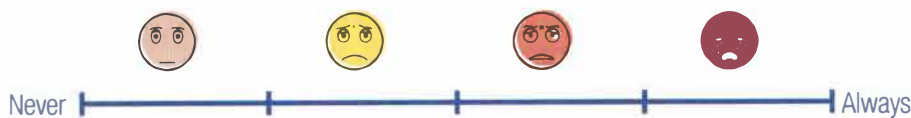
Write the approximate number of days per month you experience the situations described in each row.

1. How often do you need to go to a **dark room** because of your headaches/migraines?



Days per Month

2. How often do headaches/migraines **limit your ability** to complete tasks such as errands or household chores?



3. How often do you **miss work or school** due to headaches/migraines?



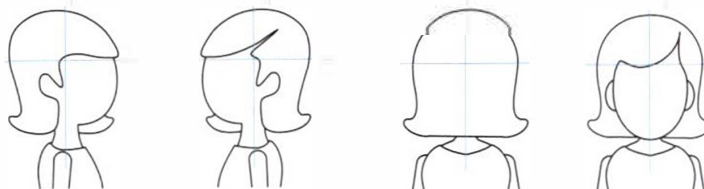
4. How often do you **miss social, family, or leisure activities** due to headaches/migraines?



5. How many times in the **last year** did you **go to the ER** because of headaches/migraines?

## Headache/Migraine Location

1. Place an **X** on the images below to indicate where your headaches/migraines **originate most frequently**. (Mark all that apply.)



# Please check all medications that have been tried in the past

## Headache Medicine

### Checklist

2022

### IVP Protocols

- Benadryl
- Depacon
- DHE
- Droperidol
- Hydrocortisone
- Magnesium
- Norflex
- Reglan
- Thorazine
- Toradol
- Doxycycline
- Vyepi

### CNS Neuromodulators

- Baclofen / Baclofenamate
- Flexeril / Cyclobenzaprine
- Robaxin / Methocarbamol
- Skelaxin / Metaxalone
- Zanaflex / Tizanidine

### Neuroleptic

- Phenergan / Promethazine
- Thorazine / Chlorpromazine

### Neuroleptic - Atypical

- Abilify / Aripiprazole
- Seroquel / Quetiapine Fumarate

### Preventatives & Abortives

### Triptans

- Amerge / Naratriptan
- Frova / Frovatriptan
- Axert / Almotriptan
- Imitrex / Sumatriptan
- Maxalt / Rizatriptan
- Relpax / Eletriptan

### Triptan's Continued

- Zomig / Zolmitriptan
- Treximet

### AntiConvulsants

- Depakote / Valproic Acid
- Keppra / Levetiracetam
- Lamictal / Lamotrigine
- Lyrica / Pregabalin
- Neurontin / Gabapentin
- Tegretol / Carbamazepine
- Topamax / Topiramate
- Trileptal / Oxcarbazepine
- Zonegran / Zonisamide

### Antihistamines

- Vistaril / Hydroxyzine

### Benzodiazepine

- Ativan / Lorazepam
- Klonopin / Clonazepam
- Xanax / Alprazolam

### Beta Blockers

- Inderal / Propranolol
- Lopressor / Metoprolol
- Tenormin / Atenolol

### Calcium Channel Blockers

- Cardizem / Diltiazem
- Isoptin / Verapamil
- Nimotop / Nimodipine

### Tricyclic Antidepressants

- Elavil / Amitriptyline
- Pamelor / Nortriptyline
- Sinequan / Doxepin

### Supplements

- Magnesium
- Melatonin

### Serotonin & Norepinephrine

### Reuptake Inhibitors

- Cymbalta / Duloxetine
- Effexor / Venlafaxine

### Selective Serotonin Reuptake

- Celexa / Citalopram
- Desyrel / Trazodone
- Lexapro / Escitalopram
- Paxil / Paroxetine
- Prozac / Fluoxetine
- Zoloft / Sertraline

### Nonsteroidal Anti

### Inflammatories

- Anaprox / Naproxen
- Indocin / Indomethacin
- Toradol / Ketorolac
- Cambia Oral Solution

### CGRPs

- Aimovig
- Emgality
- Ajovy

### GePants

- Ubrelvy
- Nurtec
- Reyvow
- Qulipta

### Other

- Botox
- Cefaly Device
- Lithium / Lith. Carbonate
- Isomethergine
- Diamox / Acetazolamide