

S Subjective

1 PATIENT IDENTIFICATION

Name: _____ DOB / Age: _____
Sex: _____ MRN: _____
Date of Visit: _____ Referring Provider: _____
Neurologist / Headache Specialist: _____ Accompanied by: _____

2 CHIEF COMPLAINT

Primary concern: _____
Duration of symptoms: _____

3 HISTORY OF PRESENT ILLNESS

HEADACHE ONSET & COURSE

Age at first episode: _____ Course (episodic/chronic): _____
Headache days/month: _____ Average attack duration: _____
Migraine days/month: _____
Recent change in pattern: _____

4 PAIN CHARACTERISTICS

LOCATION

Location: _____

QUALITY & INTENSITY

Pain quality: _____
Intensity (NRS 0-10): _____

5 ASSOCIATED SYMPTOMS

Nausea, vomiting, photophobia, phonophobia, osmophobia, dizziness, vertigo, neck pain, cognitive slowing...

6 AURA HISTORY

VISUAL AURA

Flashing lights, zigzag lines, blind spots, shimmering patterns...

SENSORY AURA

Numbness, tingling...

SPEECH / LANGUAGE AURA

Word-finding difficulty, speech disturbance...

MOTOR SYMPTOMS

Weakness...

7 HEADACHE TRIGGERS

Stress, sleep deprivation, dehydration, hormonal changes, weather changes, bright lights, strong odours, specific foods, alcohol, caffeine changes, physical exertion...

8 AGGRAVATING FACTORS

Physical activity, bending forward, coughing, bright environments, loud sounds...

9 ALLEVIATING FACTORS

Rest, sleep, dark environment, hydration, relaxation, medication use...

10 FUNCTIONAL IMPACT

Missed work or school, reduced productivity, impaired daily activities, reduced social functioning...

11 MEDICATION USE HISTORY

ACUTE TREATMENTS USED

Triptans, NSAIDs, acetaminophen, ergot derivatives, antiemetics — include response to each...

PREVENTIVE TREATMENTS PREVIOUSLY USED

Beta blockers, antiepileptics (topiramate), antidepressants, calcium channel blockers, CGRP biologics (erenumab), botulinum toxin injections...

12 MEDICATION OVERUSE ASSESSMENT

OTC analgesic days/month: _____ Combination medication days/month: _____

Triptan days/month: _____ MOH assessment: _____

13 PAST MEDICAL HISTORY

Migraine/chronic headache, TBI, stroke/cerebrovascular disease, seizure disorder, hypertension, sleep disorders, depression/anxiety, hormonal disorders, TMJ, sinus disease, other chronic conditions...

14 PAST SURGICAL HISTORY

Brain surgery, sinus surgery, cervical spine surgery, head or neck procedures...

15 CURRENT MEDICATIONS

All prescription and OTC medications including headache treatments, preventive medications, supplements. Note adherence and side effects...

16 ALLERGIES

Drug allergies: _____

Reaction type: _____

Contrast / latex: _____

17 FAMILY HISTORY

Migraine/headache disorders, stroke, epilepsy, other neurological diseases...

18 SOCIAL HISTORY

Occupation: _____ Caffeine intake: _____

Work environment: _____ Exercise habits: _____

Smoking status: _____ Screen exposure: _____

Alcohol use: _____ Work stress: _____

19 LIFESTYLE & SLEEP HISTORY


Sleep duration: _____ Hydration habits: _____
 Sleep quality: _____ Dietary patterns: _____
 Stress levels: _____

20 HEADACHE DISABILITY ASSESSMENT

MIDAS score: _____ HIT-6 score: _____
 Interpretation: _____ Functional disability level: _____

21 REVIEW OF SYSTEMS


NEUROLOGICAL

Headache, dizziness, visual disturbance, weakness, numbness... 


ENT

Sinus pressure, nasal congestion, ear pain, jaw discomfort... 

PSYCHIATRIC

Anxiety, depression, sleep disturbance... 

GASTROINTESTINAL / GENERAL

Nausea, vomiting, abdominal symptoms, fatigue, fever, weight changes... 

22 RED FLAG SCREENING

Sudden thunderclap headache, new headache after age 50, progressive worsening, neurological deficits, fever/meningism, history of cancer or immunosuppression, head trauma, positional headache... 

O Objective

23 VITAL SIGNS

BP: _____ HR: _____ RR: _____
 Temperature: _____ O₂ Sat: _____

24 GENERAL PHYSICAL EXAMINATION

General appearance: _____
 Level of distress: _____
 Photophobia during exam: _____
 Gait assessment: _____

25 HEAD & NECK EXAMINATION

Scalp tenderness: _____ TMJ tenderness: _____
 Temporal artery tenderness: _____ Cervical muscle tenderness: _____
 Sinus tenderness: _____ Neck range of motion: _____

26 NEUROLOGICAL EXAMINATION

MENTAL STATUS

DOMAIN	FINDINGS
Orientation	_____
Attention	_____
Memory	_____
Language function	_____

CRANIAL NERVE EXAMINATION

Visual fields, pupillary responses, extraocular movements, facial sensation/strength, hearing, palate elevation, tongue position...

MOTOR EXAMINATION

FINDING	RIGHT	LEFT
Upper extremity strength	_____	_____
Lower extremity strength	_____	_____
Muscle tone	_____	_____

SENSORY EXAMINATION

Light touch, pain, vibration, proprioception...

REFLEXES

REFLEX	RIGHT	LEFT
Biceps	_____	_____
Triceps	_____	_____
Patellar	_____	_____
Achilles	_____	_____

COORDINATION & GAIT

TEST	FINDINGS
Finger-to-nose	_____
Rapid alternating movements	_____
Gait assessment	_____
Romberg test	_____

27 FUNDOSCOPIC EXAMINATION

Papilledema: _____

Optic disc abnormalities: _____

28 DIAGNOSTIC STUDIES

NEUROIMAGING

MRI brain findings, CT brain findings...

LUMBAR PUNCTURE (IF PERFORMED)

Opening pressure, CSF analysis...

LABORATORY STUDIES

Metabolic markers, hormonal tests, inflammatory markers...

29 HEADACHE DIARY DATA

Headache frequency: _____ Trigger patterns: _____

Migraine frequency: _____ Medication usage patterns: _____

A Assessment


30 CLINICAL SUMMARY

Summary of key findings from history, exam, and investigations...

31 PRIMARY DIAGNOSIS


Diagnosis: _____
Headache classification: _____
Severity / disability: _____

32 DIFFERENTIAL DIAGNOSIS


Tension-type headache, cluster headache, sinus headache, cervicogenic headache, intracranial pathology... 

P Plan


33 ACUTE TREATMENT

Triptans, NSAIDs, antiemetics — specify medications, dose, and frequency... 

34 PREVENTIVE TREATMENT

Beta blockers, antiepileptics, antidepressants, CGRP-targeted therapies. Botulinum toxin injections for chronic migraine if indicated... 


35 NON-PHARMACOLOGIC MANAGEMENT

Regular sleep schedule, adequate hydration, stress management, exercise, CBT, relaxation techniques, biofeedback... 

36 DIAGNOSTIC PLAN

Neuroimaging, laboratory testing, specialist referral if indicated... 

37 PATIENT EDUCATION

Migraine triggers, proper medication use, avoiding medication overuse, lifestyle management, use of headache diary... 

38 FOLLOW-UP

Return in: _____
Earlier if: _____
Notes: _____

PROVIDER SIGNATURE

Provider name: _____ Date & Time: _____
Signature: _____ Credentials / NPI: _____